#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,801 MOP024 FEE-FOR-SERVICE/DENTAL

KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

KINGS COUNTY	SUMMARY OF SERV	/ICES FOR CASH GRANT -	AGED	AID CODE	10		
					MON	THLY AVERA	GE
12,042 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
, -		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,681	274,681 \$	4,774,513.87	\$ 17.38	22.810 \$		\$ 396.49
•	•			•			
@PHYSICIANS SERVICES	1,750	9,289 \$	104,272.20	\$ 11.23	.771 \$		•
OUTPATIENT VISITS	13	25	857.03	34.28	.002	65.93	.07
OFFICE VISITS	11	20	507.07	25.35	.002	46.10	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	5	349.96	69.99	.000	116.65	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER OUTPATIENT	-		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
	0	0				.00	.00
SERVICES AND MATERIALS	•		.00	.00	.000		
INPATIENT HOSPITAL SURGERY	1	12	161.40	13.45	.001	161.40	.01
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12	161.40	13.45	.001	161.40	.01
OUTPATIENT SURGERY	3	15	358.78	23.92	.001	119.59	.03
PRINCIPAL SURGEON	1	3	148.96	49.65	.000	148.96	.01
	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	2						
ANESTHESIOLOGIST		12	209.82	17.49	.001	104.91	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	8	88.36	11.05	.001	14.73	.01
RADIOLOGY	4	7	110.21	15.74	.001	27.55	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8	60.80	7.60	.001	15.20	.01
OTHER SERVICES/ALL X-OVERS	1,733	9,214	102,635.62	11.14	.765	59.22	8.52
	8,302	202,619 \$	-	\$ 13.05	16.826 \$		
@PHARMACY		•	2,643,527.08	•			•
PRESCRIPTION DRUGS	8,117	34,316	2,535,314.71	73.88	2.850	312.35	210.54
SNF/ICF	182	1,440	97 , 513.68	67.72	.120	535.79	8.10
OUTPATIENTS	7 , 953	32 , 876	2,437,801.03	74.15	2.730	306.53	202.44
MEDICAL SUPPLIES	1,363	168,303	108,212.37	.64	13.976	79.39	8.99
@DENTIST	356	1,946 \$	75,158.90	\$ 38.62	.162 \$	211.12	\$ 6.24
VISITS - DIAGNOSTIC	234	1,206	10,742.60	8.91	.100	45.91	.89
ORAL SURGERY	73	229	11,371.75	49.66	.019	155.78	.94
DRUGS	1	1	15.00	15.00	.000	15.00	.00
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.02
PERIODONTICS	36	37	3,626.00	98.00	.003	100.72	.30
ENDODONTICS	13	22	4,915.00	223.41	.002	378.08	.41
RESTORATIVE DENTISTRY	63	164	11,212.40	68.37	.014	177.97	.93
PROSTHETICS	3	4	120.00	30.00	.000	40.00	.01
DENTURES, STAYPLATES	90	277	32,825.75	118.50	.023	364.73	2.73
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	1		30.40			30.40	.00
MAXILLOFACIAL SERVICES		1		30.40	.000		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	2	.00	.00	.000	.00	.00

03/14/05

MOP024 KINGS COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,802

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

03/14/05

KINGS COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RAN'I'	- AGED		AID CODE					
							M	INO	HLY AVERA	.GE	
12,042 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	302	845	\$	16,279.35	\$	19.27	.070	\$	53.91	\$	1.35
DIAGNOSTIC AND ANC. PROCED	44	47		1,871.09		39.81	.004		42.52		.16
EYE APPLIANCES	262	727		12,692.23		17.46	.060		48.44		1.05
OTHER OPTOMETRIC SERVICES	47	71		1,716.03		24.17	.006		36.51		.14
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.000	\$	33.44	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	47	106	\$	812.59	\$	7.67	.009	Ś	17.29	Ś	.07
MEDICINE/INJECTIONS	0	0		.00		.00	.000	·	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	47	106		812.59		7.67	.009		17.29		.07
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	3	5	\$		\$	23.34	.000		38.91		.01
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$		Ś	.00		Ś	.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000		.00		.00
@TOTAL HOSPITAL	461	1,678	\$			295.96			1077.27		41.24
HOSP INPATIENT TOTAL	150	228	Ą	474,793.54	Ą	293.96	.019	Ą	3165.29	Ş	39.43
	3	220 5				772.33					
HSC HOSPITALS	3 35			3,861.67		1598.44	.000		1287.22		.32
NON-HSC HOSPITAL TOTAL		223		356,451.03			.019		10184.32		29.60
ACCOMMODATIONS	35	223		99,235.60		445.00	.019		2835.30		8.24
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	35	223		99,235.60		445.00	.019		2835.30		8.24
ANCILLARIES	35	0		257,215.43		.00	.000		7349.01		21.36
INPATIENT CROSSOVERS	112	0		114,480.84		.00	.000		1022.15		9.51
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	329	1,450		21,827.73		15.05	.120		66.35		1.81
MEDICAL	5	10		405.72		40.57	.001		81.14		.03
SURGERY	2	2		101.23		50.62	.000		50.62		.01
PATHOLOGY	22	84		1,203.77		14.33	.007		54.72		.10
RADIOLOGY	3	3		77.07		25.69	.000		25.69		.01
ROOM USE	4	8		443.27		55.41	.001		110.82		.04
CROSSOVERS/ALL OTH OUTPTNT		1,343		19,596.67		14.59	.112		63.22		1.63
@COUNTY HOSPITAL TOTAL	2	2	\$	7.37	\$	3.69	.000	\$	3.69	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	2		7.37		3.69	.000		3.69		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	· ·	3		• 0 0		• • •	• • • •		• • •		• • •

.00 .00 .000 .00 .000 3.69 .000 0 RADIOLOGY 0 .00 .00 0 0 ROOM USE .00 .00 .00 2 2 7.37 CROSSOVERS/ALL OTH OUTPINT 3.69 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,803

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

KINGS COUNTY	SUMMARY OF SER	VICES FOR	CASH GR	ANT	- AGED		AID CODE	10				
1111100 0001111	0011111111 01 0111	. 1020 101	011011 011		11022		1112 0022		ОИТ	HLY AVERA	GE.	
12,042 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
			OF CARE		E111 E112 I I 011E0			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	459			\$	496,613.90		296.31			1081.95		
COMM HOSP INPATIENT TOTAL	150	•	228	Ψ	474 793 54	τ	2082.43	.019	Τ.	3165.29	Τ.	39.43
HSC HOSPITALS	3		5		474,793.54 3,861.67 356.451.03		2082.43 772.33 1598.44 445.00	.000		1287.22		.32
NON-HSC HOSPITALS TOTAL	35		223		356,451.03		1500 11	.019		10184.32		29.60
ACCOMMODATIONS	35		223		99,235.60		115 00	.019		2835.30		8.24
ACCOMMODALIONS	22		223				.00	.000		.00		.00
TDANGTTONAL TO CARE	0		0		.00		.00	.000		.00		.00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	2.5		222		.00 .00 99,235.60		445.00	.019		2835.30		8.24
ALL OTHER ACCOM	33		223		99,233.60		.00			7349.01		21.36
ANCILLARIES	35		0		257,215.43 114,480.84			.000				
INPATIENT CROSSOVERS	112		0		114,480.84		.00	.000		1022.15		9.51
ALL OTHER INPATIENT	0		0 1,448		.00 21,820.36		.00 15.07	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	327		1,448		21,820.36		15.07	.120		66.73		1.81
MEDICAL	5		10		405.72		40.57	.001		81.14		.03
SURGERY	2		2		101.23		50.62	.000		50.62		.01
PATHOLOGY	22		84		1,203.77		14.33	.007		54.72		.10
RADIOLOGY	3	;	3		77.07		25.69	.000		25.69		.01
ROOM USE	4		8		443.27		55.41	.001		110.82		.04
ROOM USE CROSSOVERS/ALL OTH OUTPINT GSTATE HOSPITAL	308		1,341		19,589.30		14.61	.111		63.60		1.63
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	219		4,710	\$	898,063.12	\$	190.67	.391	\$	4100.74	\$	74.58
LEV A-INTERMEDIATE	308 0 0 0 219 0 0		. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	11 0 213 0		351		203,604.57		580.07	.029		18509.51		16.91
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	213		4 359		694,458.55		159.32	.362		3260.37		57.67
_	1		1,333	Ś	.00	\$.00	.000	¢	.00	Ś	.00
TOF DOU	0		0	Y	.00	Y	.00	.000	Y	.00	٧	.00
ICE DD	0		0		.00		.00	.000		.00		.00
ICE DDM/DDCM	0		0				.00	.000		.00		.00
GUEMODIALVOIC MOMAI	77		1,313	Ś		\$	38.09	.109	ċ	649.59	ċ	4.15
UCCDIMAL DAGED	1 7	•	0	Ą	.00	Ą	.00	.000	ې	.00	ې	.00
HEMODIALYCIC CENTED	77		-									
HEMODIALYSIS CENTER	/ /		1,313	ć	50,018.14	Ċ	38.09	.109	Ċ	649.59	ć	4.15
GREHABILITATION FACILITY	Û		0	\$.00	\$.00	.000	Ş	.00	Þ	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9		57	\$	403.45	\$	7.08	.005	Ş	44.83	Ş	.03
PATHOLOGY	4		44		322.94		7.34	.004		80.74		.03
XO AND OTHERS	5		13		80.51		6.19	.001		16.10		.01
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	2 , 957	!	5 , 442	\$	270,492.90	\$	49.70	.452	\$	91.48	\$	22.46
CLINIC	3		3		60.94		20.31	.000		20.31		.01
SURGICENTER	76		81		12,750.19		157.41	.007		167.77		1.06
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,899	!	5 , 358		257,681.77		48.09	.445		88.89		21.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EX	PENDITUR	ES M	ONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU	DEC	2004	F	AGE 4,804

MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

12,042 ELIGIBLES						MC	NTHLY AVERA	GE
QALL OTHER PROVIDERS	12,042 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
DURABLE MED. EQUIP. 27			OR DAYS OF CARE		PER UNIT/DAY			
BLOOD BANK	@ALL OTHER PROVIDERS	1,688	46,669	\$ 218,714.71	\$ 4.69	3.876	\$ 129.57	\$ 18.16
HEARING AID DISPENSERS 122 194 25,755.03 132.76 .016 211.11 2.14 MEDICAL TRANSPORTATION 255 26,923 70,525.95 2.62 2.236 276.57 5.86 AMBULANCES/AIR TRANS 41 202 5,144.50 25.47 .017 125.48 4.3 OTHER TRANS 138 26,204 61,546.69 2.35 2.176 445.99 5.11 OTHER SERVICES 103 517 3,834.76 7.42 .043 37.23 .32 ACUPUNCTURE 22 4 86.50 21.63 .000 43.25 .01 ADULT DAY HEALTH CARE CTR 6 129 8,993.22 69.71 .011 1498.87 .75 GENETIC DISEASE TESTING 0 .00 .00 .00 .00 .00 .00 .00 .00 .00	DURABLE MED. EQUIP.	27	46	4,759.31	103.46	.004	176.27	.40
MEDICAL TRANSPORTATION 255 26,923 70,525.95 2.62 2.236 276,57 5.86 ABULANCES/AIR TRANS 41 202 5,144.50 25.47 .017 125.48 .43 .43 .43 .43 .44 .45	BLOOD BANK	0	0	.00	.00	.000		
AMBULANCES/AIR TRANS	HEARING AID DISPENSERS	122	194	25,755.03	132.76	.016	211.11	2.14
OTHER TRANS 138 26,204 61,546.69 2.35 2.176 445.99 5.11 OTHER SERVICES 103 517 3,834.76 7.42 .043 37.23 .32 ACUPUNCTURE 2 4 86.50 21.63 .000 43.25 .01 ADULT DAY HEALTH CARE CTR 6 129 8,993.22 69.71 .011 1498.87 .75 GENETIC DISEASE TESTING 0 0 .00	MEDICAL TRANSPORTATION	255	26,923	70,525.95	2.62	2.236	276.57	5.86
OTHER SERVICES 103 517 3,834.76 7.42 .043 37.23 .32 ACUPUNCTURE 2 4 86.50 21.63 .000 43.25 .01 ADULT DAY HEALTH CARE CTR 6 129 8,993.22 69.71 .011 1498.87 .75 GENETIC DISEASE TESTING 0 0 .00 <	AMBULANCES/AIR TRANS	41	202	5,144.50	25.47	.017	125.48	.43
ACUPUNCTURE 2 4 886.50 21.63 .000 43.25 .01 ADULT DAY HEALTH CARE CTR 6 129 8,993.22 69.71 .011 1498.87 .75 .65 .01 ADULT DAY HEALTH CARE CTR 6 129 8,993.22 69.71 .011 1498.87 .75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OTHER TRANS	138	26,204	61,546.69	2.35	2.176	445.99	5.11
ADULT DAY HEALTH CARE CTR 6 129 8,993.22 69.71 .011 1498.87 .75 GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	OTHER SERVICES	103	517	3,834.76	7.42	.043	37.23	.32
GENETIC DISEASE TESTING 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACUPUNCTURE	2	4	86.50	21.63	.000	43.25	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	ADULT DAY HEALTH CARE CTR	6	129	8,993.22	69.71	.011	1498.87	.75
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 OPTICIAN 254 535 6,554.30 12.25 .044 25.80 .54 PHYSICAL THERAPIST 0 0 .00	GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
OPTICIAN 254 535 6,554.30 12.25 .044 25.80 .54 PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 8 13 27.06 2.08 .001 3.38 .00 PROSTHETIST/ORTHOTISTS 6 19 499.69 26.30 .002 83.28 .04 PROSTHETICS 6 19 499.69 26.30 .002 83.28 .04 ORTHOTICS 0 0 .0	IHMC, MODEL-NF, NF, AIDS, MSSP	99	382	33,107.76	86.67	.032	334.42	2.75
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 PORTABLE X-RAY 8 13 27.06 2.08 .001 3.38 .00 PROSTHETIST/ORTHOTISTS 6 19 499.69 26.30 .002 83.28 .04 PROSTHETICS 6 19 499.69 26.30 .002 83.28 .04 ORTHOTICS 0 0 .00	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 8 13 27.06 2.08 .001 3.38 .00 PROSTHETIST/ORTHOTISTS 6 19 499.69 26.30 .002 83.28 .04 PROSTHETICS 6 19 499.69 26.30 .002 83.28 .04 ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OPTICIAN	254	535	6,554.30	12.25	.044	25.80	.54
PROSTHETIST/ORTHOTISTS 6 19 499.69 26.30 .002 83.28 .04 PROSTHETICS 6 19 499.69 26.30 .002 83.28 .04 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 1 1 38.49 38.49 .000 38.49 .00 SPEECH AND AUDIOLOGY 64 125 18,440.20 147.52 .010 288.13 1.53 HOSPICE SERVICES 6 146 17,787.18 121.83 .012 2964.53 1.48 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 <td>PHYSICAL THERAPIST</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PROSTHETICS 6 19 499.69 26.30 .002 83.28 .04 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 1 1 38.49 38.49 .000 38.49 .00 SPEECH AND AUDIOLOGY 64 125 18,440.20 147.52 .010 288.13 1.53 HOSPICE SERVICES 6 146 17,787.18 121.83 .012 2964.53 1.48 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 <t< td=""><td>PORTABLE X-RAY</td><td>8</td><td>13</td><td>27.06</td><td>2.08</td><td>.001</td><td>3.38</td><td>.00</td></t<>	PORTABLE X-RAY	8	13	27.06	2.08	.001	3.38	.00
ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PROSTHETIST/ORTHOTISTS	6	19	499.69	26.30	.002	83.28	.04
PSYCHOLOGIST 1 1 38.49 38.49 .000 38.49 .00 SPEECH AND AUDIOLOGY 64 125 18,440.20 147.52 .010 288.13 1.53 HOSPICE SERVICES 6 146 17,787.18 121.83 .012 2964.53 1.48 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00	PROSTHETICS	6	19	499.69	26.30	.002	83.28	.04
SPEECH AND AUDIOLOGY 64 125 18,440.20 147.52 .010 288.13 1.53 HOSPICE SERVICES 6 146 17,787.18 121.83 .012 2964.53 1.48 NONINST BIRTHING CENTERS 0 0 .00 .	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 6 146 17,787.18 121.83 .012 2964.53 1.48 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 <t< td=""><td>PSYCHOLOGIST</td><td>1</td><td>1</td><td>38.49</td><td>38.49</td><td>.000</td><td>38.49</td><td>.00</td></t<>	PSYCHOLOGIST	1	1	38.49	38.49	.000	38.49	.00
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	64	125	18,440.20	147.52	.010	288.13	1.53
LOCAL EDUCATION AGENCIES 0 0 .00	HOSPICE SERVICES	6	146	17,787.18	121.83	.012	2964.53	1.48
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 1,001 18,152 32,140.02 1.77 1.507 32.11 2.67 @CALIF. CHILDREN SERVICES* 0 0 \$.00 \$ <	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 1,001 18,152 32,140.02 1.77 1.507 32.11 2.67 @CALIF. CHILDREN SERVICES* 0 \$.00 \$.00 \$.00 \$.00	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	1,001	18,152	32,140.02	1.77	1.507	32.11	2.67
@XOVER EXCLIDING STATE HOSP** 3 127 29 858 \$ 498 280 29 \$ 16 69 2 479 \$ 159 35 \$ 41 38	@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
29,000 Q 190,200.29 Q 10.09 2.179 Q 133.33 Q 11.30	@XOVER EXCLUDING STATE HOSP**	3,127	29 , 858	\$ 498,280.29	\$ 16.69	2.479	\$ 159.35	\$ 41.38

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,805 MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05

MONIBULL ALIEDACE

	MONTHLY AVERAGE								
1,139 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	966	42,157	\$	1,123,313.49	\$ 26.65	37.012	1162.85	\$ 986.23	
@PHYSICIANS SERVICES	309	1,749	\$	54,778.88	\$ 31.32	1.536	177.28	\$ 48.09	
OUTPATIENT VISITS	107	173		8,892.56	51.40	.152	83.11	7.81	
OFFICE VISITS	53	71		2,259.27	31.82	.062	42.63	1.98	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	49	72		5,497.98	76.36	.063	112.20	4.83	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	18	30		1,135.31	37.84	.026	63.07	1.00	
INPATIENT VISITS	25	118		5,681.62	48.15	.104	227.26	4.99	
HOSPITAL VISITS	24	73		3,777.28	51.74	.064	157.39	3.32	
CRITICAL CARE	1	13		1,580.80	121.60	.011	1580.80	1.39	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	2	32	323.54	10.11	.028	161.77	.28
OPHTHALMOLOGICAL SERVICES	16	23	951.46	41.37	.020	59.47	.84
EXAMINATIONS	16	23	951.46	41.37	.020	59.47	.84
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	58	4,073.33	70.23	.051	370.30	3.58
PRINCIPAL SURGEON	6	12	3,112.88	259.41	.011	518.81	2.73
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	46	960.45	20.88	.040	160.08	.84
OUTPATIENT SURGERY	31	92	13,119.10	142.60	.081	423.20	11.52
PRINCIPAL SURGEON	26	32	11,765.09	367.66	.028	452.50	10.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	60	1,354.01	22.57	.053	150.45	1.19
DIALYSIS	12	116	6,029.38	51.98	.102	502.45	5.29
PATHOLOGY	17	39	688.76	17.66	.034	40.52	.60
RADIOLOGY	75	136	4,544.32	33.41	.119	60.59	3.99
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	6	301.60	50.27	.005	50.27	.26
OTHER SERVICES/ALL X-OVERS	179	988	10,496.75	10.62	.867	58.64	9.22
@PHARMACY	796	31,692	\$ 408,777.03	\$ 12.90	27.824	\$ 513.54	\$ 358.89
PRESCRIPTION DRUGS	766	3 , 873	386,094.10	99.69	3.400	504.04	338.98
SNF/ICF	5	34	1,771.56	52.10	.030	354.31	1.56
OUTPATIENTS	762	3 , 839	384,322.54	100.11	3.371	504.36	337.42
MEDICAL SUPPLIES	219	27 , 819	22,682.93	.82	24.424	103.58	19.91
@DENTIST	36	201	\$ 7,667.50	\$ 38.15	.176	\$ 212.99	\$ 6.73
VISITS - DIAGNOSTIC	24	136	1,467.50	10.79	.119	61.15	1.29
ORAL SURGERY	6	11	535.00	48.64	.010	89.17	.47
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.09
PERIODONTICS	2	2	236.00	118.00	.002	118.00	.21
ENDODONTICS	2	2	590.00	295.00	.002	295.00	.52
RESTORATIVE DENTISTRY	9	12	1,684.00	140.33	.011	187.11	1.48
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	6	37	3,055.00	82.57	.032	509.17	2.68
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	C 2004	PAGE 4,806
MOP024	FEE-FOR-SERVICE/DENTAI						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	Γ - BLIND	AID CODE	20		

MOLOZA	CHAMADY OF CEDI		CACH CE	7. 3. 7.	DITND		ATD CODE	2.0				03/14/03
KINGS COUNTY	SUMMARY OF SERV	ICES FOR	CASH GR	KANT -	- BLIND		AID CODE				~ =	
1 120 BITGIBIES	HOEDO	IINITEO OF	OFFIT OF	,		70 77 77				THLY AVERA		
1,139 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
A O DECMEED I OE	27	OR DAYS		\$	2 254 74		R UNIT/DAY			USER 83.51	ċ	ELIGIBLE 1.98
@OPTOMETRIST	8		72	Ą		\$.063	Þ		Þ	
DIAGNOSTIC AND ANC. PROCED	ک 22		11 59		413.27		37.57 30.74	.010		51.66 78.85		.36
EYE APPLIANCES	Z3 1				1,813.46			.052		28.01		1.59
OTHER OPTOMETRIC SERVICES	1		2 0	ć	28.01	\$	14.01	.002	Ċ		Ċ	.02
@CHIROPRACTOR VISITS	0		0	\$.00	Ş	.00	.000	Þ	.00	Þ	.00
VISITS	0				.00		.00	.000		.00		.00
OTHER SERVICES	8 23 1 0 0 0 1 0 0 0 0 1 3 1 0		0 2	\$		\$.000	ċ		ċ	.00
@PODIATRIST	1		0	Ą	.00	Ş	.00	.002	Þ	.00	Þ	
MEDICINE/INJECTIONS	0		0		.00							.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		2				.00	.000		.00		.00
OTHER @HOME HEALTH AGENCY	1		2 77	\$	5.39	ċ	2.70 73.48	.002	ċ	5.39	ċ	.00 4.97
GHOME HEALTH AGENCI	3		4		5,658.05	۶ \$	23.20	.008		1886.02 92.79		
NURSE ANESTHESIST NURSE MIDWIFE	1		4	\$		۶ \$.00	.004		.00		.08
NORSE MIDNIE	0		0	ې د		۶ \$.00	.000				.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$ \$.000		.00		.00
FAMILY NURSE PRACTITIONER	0 174		1,616	ې د	.00 283,179.58	ې د	175 22					
@TOTAL HOSPITAL	1/4	-	211	Ą	245,607.67	Ş	1/3.23	.185	Þ	1627.47 7922.83	Þ	248.62 215.63
HOSP INPATIENT TOTAL HSC HOSPITALS	31		22		35,460.00		1164.02 1611.82	.185		7922.83		31.13
NON-HSC HOSPITAL TOTAL	9		189		197,927.22		1011.82	.166		17993.38		173.77
ACCOMMODATIONS	11 11		189		80,694.21		1047.23 426.95	.166		7335.84		70.85
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM			189		80,694.21		126 95	.166		7335.84		70.85
ANCILLARIES	11 11		0		117,233.01		426.95 .00	.000		10657.55		102.93
INPATIENT CROSSOVERS	15		0		12,220.45		.00	.000		814.70		10.73
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
	152		1,405		37 , 571.91		26.74	1.234		247.18		32.99
MEDICAL	52	-	197		11,426.84		58.00	.173		219.75		10.03
SURGERY	21		24		1,760.87		73.37	.021		83.85		1.55
PATHOLOGY	75		398		5,134.09		12.90	.349		68.45		4.51
RADIOLOGY	75 44		72		6,229.80		86.53	.063		141.59		5.47
ROOM USE	6.4		122		6,172.80		50.60	.107		96.45		5.42
CROSSOVERS/ALL OTH OUTPTNT			592		6,847.51		11.57	.520		80.56		6.01
@COUNTY HOSPITAL TOTAL	2		10	\$	144.65	\$	14.47	.009	Ś		Ś	.13
CO HOSPITAL INPATIENT TOTAL	0		0	т	.00	т	.00	.000	Τ.	.00	т	.00
HSC HOSPITALS	0		Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	85 2 0 0 0 0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Õ		.00		.00	.000		.00		.00
	-		-									

TAIDAMTENM CDOCCOVEDC	0	0	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	144.65	14.47	.009	72.33	.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	108.15	12.02	.008	108.15	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.50	36.50	.001	36.50	.03
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 4,807
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO	R CASH GRANT	- BLIND	AID CODE	E 20		
					M	ONTHLY AVERA	GE
1 120 ELICIDIES	HOEDO INTEG	OF CEDUTCE	EADENDIMIDEC	ATTEDACE COCI	TINITEC / DAY	C COCH DED	COCH DED

KINGS COUNTI	SOMMANT OF SERV	VICES FOR CASH GRANT	BHIND	AID CODE	MC	ONTHLY AVERA	GE
1 120 ELICIDIES	HOEDO	INITES OF SERVICE	EADENDIMIDEC	ATTEDACE COCH			
1,139 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	172	1,606 \$	283,034.93	\$ 176.24		\$ 1645.55	
-	31	211	•	1164.02			
COMM HOSP INPATIENT TOTAL	5	22	245,607.67		.185	7922.83	215.63
HSC HOSPITALS			35,460.00	1611.82	.019	7092.00	31.13
NON-HSC HOSPITALS TOTAL	11	189	197,927.22	1047.23	.166	17993.38	173.77
ACCOMMODATIONS	11	189	80,694.21	426.95	.166	7335.84	70.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	189	80,694.21	426.95	.166	7335.84	70.85
ANCILLARIES	11	0	117,233.01	.00	.000	10657.55	102.93
INPATIENT CROSSOVERS	15	0	12,220.45	.00	.000	814.70	10.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	150	1 , 395	37,427.26	26.83	1.225	249.52	32.86
MEDICAL	52	197	11,426.84	58.00	.173	219.75	10.03
SURGERY	21	24	1,760.87	73.37	.021	83.85	1.55
PATHOLOGY	74	389	5,025.94	12.92	.342	67.92	4.41
RADIOLOGY	44	72	6,229.80	86.53	.063	141.59	5.47
ROOM USE	63	121	6,136.30	50.71	.106	97.40	5.39
CROSSOVERS/ALL OTH OUTPTNT	85	592	6,847.51	11.57	.520	80.56	6.01
@STATE HOSPITAL	9	247 \$	110,609.83	\$ 447.81	.217	\$ 12289.98	\$ 97.11
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	9	247	110,609.83	447.81	.217	12289.98	97.11
@NURSING FACILITY	11	97 \$	57,454.89			\$ 5223.17	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	77	44,665.39	580.07	.068	14888.46	39.21
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8	20	12,789.50	639.48	.018	1598.69	11.23
@INTERMEDIATE CARE FACILDD	0	0 S	.00	\$.00	.000		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	76	1,400 \$	77,765.85	\$ 55.55	1.229		
HOSPITAL BASED	0	1,400 \$.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	76	1,400	77,765.85	55.55	1.229	1023.23	68.28
	0	0 \$		\$.00	.000		
@REHABILITATION FACILITY	0	0	.00	•			•
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	•	_	.00	.00	.000	.00	.00
@LABORATORY FACILITY	44	155 \$	1,747.75		.136		
PATHOLOGY	39	138	1,688.16	12.23	.121	43.29	1.48
XO AND OTHERS	5	17	59.59	3.51	.015	11.92	.05

@ORGANIZED OUTPATIENT CLINIC	319	594 \$	74,792.39	\$ 125.91	.522 \$	234.46	\$	65.66
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	4	16	1,305.97	81.62	.014	326.49		1.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	317	578	73,486.42	127.14	.507	231.82		64.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JA	N 2004 THRU DE	C 2004	PAGE	£ 4,808
MOP024	FEE-FOR-SERVICE	C/DENTAL					(03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	7 - BLIND	AID CO	DE 20			
					MON	THLY AVERA	GE	
1,139 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	COS	ST PER
_,		OR DAYS OF CARE		PER UNIT/D	AY PER ELIG	USER	ELI	IGIBLE
GALL OTHER PROVIDERS	192	4.251 \$	38.528.82	\$ 9.06	3.732 \$	200.67	\$	33.83
DURABLE MED. EQUIP.	18	57	2.997.02	52.58	.050	166.50	7	2.63
BI'UUD BANK	0	0	2,337.02	00	000	00		00
HEARING AID DISPENSERS	8	13	1 117 96	86.00	011	139 75		98
MEDICAL TRANSPORTATION	5.5	3 542	14 644 65	4 13	3 110	266 27		12 86
AMBIII AMCEG / A TD TDAMG	30	658	6 244 58	0 10	578	200.27		5 /19
OTHER TRANS	2.4	2 927	0,244.30	2.43	2 402	200.15		7 12
OTHER CERVICES	24	2,027	0,113.27	2.07	2.402	21 07		7.12
OTHER SERVICES	9	57	286.80	5.03	.050	31.87		.25
ACUPUNCTURE	U	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	U	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	U	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	21	204	8,833.54	43.30	.179	420.64		7.76
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	18	44	4,054.16	92.14	.039	225.23		3.56
PHYSICAL THERAPIST	1	22	307.87	13.99	.019	307.87		.27
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	1	3	265.92	88.64	.003	265.92		.23
SPEECH AND AUDIOLOGY	4	8	3,314.78	414.35	.007	828.70		2.91
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	21	93	1,277.16	13.73	.082	60.82		1.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	74	265	1,715.76	6.47	.233	23.19		1.51
@CALIF. CHILDREN SERVICES*	27	545 \$	52,280.83	\$ 95.93	.478 \$	1936.33	\$	45.90
@XOVER EXCLUDING STATE HOSP*	* 256	2,162 \$	82,481.91	\$ 38.15	1.898 \$	322.19	\$	72.42
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION ITEN	ONLY:	,			·	
THE AMOUNTS ARE ALREADY IN	NCLUDED IN THE AF	PROPRIATE DETAIL LIN	JES ABOVE.					
** THESE DATA ARE INCLIDED 1	IN THE APPROPRIAT	'E DETAIL LINES ABOVE	7.					
#CALTE DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JA	N 2004 THRU DE	C 2004	PAGE	a. 4.809
MOP024	FEE-FOR-SERVICE	L/DENTAL		KELOKI LOK OH	iv 2001 linto bb	0 2001	11101	13/14/05
KINGS COUNTY	SUMMARY OF SERV	TOES FOR CASH GRANT	r - DISABLED	ATD CO	DE 60			75/11/05
KINGS COONII	SOMETHIC OF BEILV		DIGINDED	nib co	MON	THIV AMERA	CF	
40 456 FLIGIBLES	HEERS	INTTS OF SERVICE	FYDFNDTTIDES	AVERACE CO	NOM PVEG\PTTMII TP	COST DEB	CU.	ST DEB
10,100 5010100	0.01170	OR DAYS OF CARE	TWI FIND I LOVED	DEB IMITA\D	AY PER FITC	IIGEB	TT -	IGIRLE
ATOTAL ALL DDOMIDEDS	34 022	1 200 175 ¢	25 836 081 72	¢ 10.00	32 113 ¢	750 30	ر در د	638 62
GIVIAH, AHH EKUVIDEKS	0 1 Q Q	Δ1 116 ¢	1 367 761 33	¢ 22 27	1 N16 ¢	1 4 Q Q G	ς ς	33 81
OUTPATIENT VISITS	4,236	6,537	336,042.61	51.41	.162	79.33	Y	8.31
	4,430 1 571	0,33/ 2 101	64,437.90	29.41	.162	41.02		1.59
OFFICE VISITS	1,571	2,191	04,43/.90	25.41	.004	41.02		1.39
HOME VISITS	6	7	247.00	35.29	.000	41.17		.01
EMERGENCY ROOM	2,382	3,551	241,189.88	67.92	.088	101.26		5.96

PREVENTIVE CARE	2	2		92.22		46.11	.000		46.11		.00
OB VISITS/COMPRE PERI	47	164		6,210.61		37.87	.004		132.14		.15
OTHER OUTPATIENT	479	622		23,865.00		38.37	.015		49.82		.59
INPATIENT VISITS	761	3 , 677		184,762.13		50.25	.091		242.79		4.57
HOSPITAL VISITS	658	3,335		147,705.27		44.29	.082		224.48		3.65
CRITICAL CARE	36	200		31,867.48		159.34	.005		885.21		.79
SNF/ICF/TRANS IP CARE	114	142		5,189.38		36.54	.004		45.52		.13
OPHTHALMOLOGICAL SERVICES	131	165		6,535.38		39.61	.004		49.89		.16
EXAMINATIONS	131	165		6,535.38		39.61	.004		49.89		.16
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	263	1,293		128,267.43		99.20	.032		487.71		3.17
INPATIENT HOSPITAL SURGERY	214										
PRINCIPAL SURGEON		312		103,147.81		330.60	.008		482.00		2.55
ASSISTANT SURGEON	26	26		5,827.25		224.13	.001		224.13		.14
ANESTHESIOLOGIST	78	955		19,292.37		20.20	.024		247.34		.48
OUTPATIENT SURGERY	536	1,583		105,974.29		66.95	.039		197.71		2.62
PRINCIPAL SURGEON	445	543		89 , 472.01		164.77	.013		201.06		2.21
ASSISTANT SURGEON	3	3		575.21		191.74	.000		191.74		.01
ANESTHESIOLOGIST	115	1,037		15 , 927.07		15.36	.026		138.50		.39
DIALYSIS	51	255		19,615.85		76.92	.006		384.62		.48
PATHOLOGY	585	2,793		25,989.36		9.31	.069		44.43		.64
RADIOLOGY	2,415	4,619		128,221.95		27.76	.114		53.09		3.17
PSYCHIATRY	, 0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	254	5,528		204,245.72		36.95	.137		804.12		5.05
OTHER SERVICES/ALL X-OVERS	4,502	14,666		228,106.61		15.55	.363		50.67		5.64
@PHARMACY	27,003		5		\$		19.648	Ś		Ś	281.86
PRESCRIPTION DRUGS	26,406	125,221	7	10,789,665.90	Y	86.16	3.095	۲	408.61	7	266.70
SNF/ICF	432	4,014		334,175.81		83.25	.099		773.56		8.26
OUTPATIENTS	26,046	121,207		10,455,490.09		86.26	2.996		401.42		258.44
MEDICAL SUPPLIES	3,928	669,661		613,422.09		.92	16.553		156.17		15.16
					Ċ			ċ		<u>~</u>	
@DENTIST	1,806	9,885	?	325,113.59	Ş		.244	Ş		Þ	8.04
VISITS - DIAGNOSTIC	1,304	6,764		70,881.80		10.48	.167		54.36		1.75
ORAL SURGERY	300	759		43,161.00		56.87	.019		143.87		1.07
DRUGS	5	11		175.00		15.91	.000		35.00		.00
ANESTHESIA	44	48		4,200.00		87.50	.001		95.45		.10
PERIODONTICS	202	246		23,350.00		94.92	.006		115.59		.58
ENDODONTICS	131	211		43,536.00		206.33	.005		332.34		1.08
RESTORATIVE DENTISTRY	433	1,129		75 , 732.50		67.08	.028		174.90		1.87
PROSTHETICS	21	21		625.00		29.76	.001		29.76		.02
DENTURES, STAYPLATES	163	536		51,515.50		96.11	.013		316.05		1.27
SPACE MAINTAINERS	8	11		915.00		83.18	.000		114.38		.02
MAXILLOFACIAL SERVICES	53	58		5,401.79		93.13	.001		101.92		.13
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.02
ORTHODONTIC SERVICES	47	55		4,745.00		86.27	.001		100.96		.12
ALL OTHER SERVICES	37	35		75.00		2.14	.001		2.03		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	S Mo		ZPOR'			DEC		P.	AGE 4,810
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY		VICES FOR CASH GRAN	JT -	- DISABLED		AID CODE	60				00, 11, 00
111100 000111		1020 1011 011011 01111		515115225			M	ОИТЕ	HIY AVERA	GE -	
40,456 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ 1/1	ERAGE COST					COST PER
40,430 EDIGIDDES	OSERS	OR DAYS OF CARE		EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,264	3,833 \$		82,502.64	\$	21.52	.095		65.27		2.04
DIAGNOSTIC AND ANC. PROCED	716	791	7	31,327.37	۲	39.60	.020	Y	43.75	Y	.77
EYE APPLIANCES	1,041	2,974		48,846.52		16.42	.020		46.92		1.21
	1,041	2,974 68				34.25	.074		36.39		.06
OTHER OPTOMETRIC SERVICES	39			2,328.75	Ċ	16.42		ċ		ċ	
@CHIROPRACTOR	39 36	85 \$?	1,396.12	\$.002	Ą	35.80	Ş	.03
VISITS	36	81		1,345.96		16.62	.002		37.39		.03

@PODIATRIST 69 135 \$ 1,913.08 \$ 14.17 .003 \$ 27.73 \$. MEDICINE/INJECTIONS 20 30 720.00 24.00 .001 36.00 . SURGERY/ANES. 0 0 .00 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 0 .00 .00	OTHER SERVICES
SURGERY/ANES. 0 0 .00	@PODIATRIST
RADIO./PATHOLOGY 0 0 .00 <t< td=""><td>MEDICINE/INJECTIONS</td></t<>	MEDICINE/INJECTIONS
OTHER 51 105 1,193.08 11.36 .003 23.39 . @HOME HEALTH AGENCY 157 1,077 \$ 75,613.95 \$ 70.21 .027 \$ 481.62 \$ 1. NURSE ANESTHESIST 16 164 \$ 2,423.53 \$ 14.78 .004 \$ 151.47 \$. NURSE MIDWIFE 0 0 \$.0	SURGERY/ANES.
@HOME HEALTH AGENCY 157 1,077 \$ 75,613.95 \$ 70.21 .027 \$ 481.62 \$ 1. NURSE ANESTHESIST 16 164 \$ 2,423.53 \$ 14.78 .004 \$ 151.47 \$. NURSE MIDWIFE 0 0 \$.0	RADIO./PATHOLOGY
NURSE ANESTHESIST 16 164 \$ 2,423.53 \$ 14.78 .004 \$ 151.47 \$. NURSE MIDWIFE 0 0 \$.00 <td< td=""><td>OTHER</td></td<>	OTHER
NURSE MIDWIFE 0 0 \$.00 \$	@HOME HEALTH AGENCY
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00	NURSE ANESTHESIST
FAMILY NURSE PRACTITIONER 8 10 \$ 203.08 \$ 20.31 .000 \$ 25.39 \$.	NURSE MIDWIFE
	PEDIATRIC NURSE PRACTITIONER
	FAMILY NURSE PRACTITIONER
@TOTAL HOSPITAL 6,339 40,639 \$ 5,724,667.07 \$ 140.87 1.005 \$ 903.09 \$ 141.	@TOTAL HOSPITAL
HOSP INPATIENT TOTAL 749 3,148 4,825,590.30 1532.91 .078 6442.71 119.	HOSP INPATIENT TOTAL
HSC HOSPITALS 165 1,416 2,214,955.59 1564.23 .035 13423.97 54.	HSC HOSPITALS
NON-HSC HOSPITAL TOTAL 385 1,732 2,408,963.09 1390.86 .043 6257.05 59.	NON-HSC HOSPITAL TOTAL
ACCOMMODATIONS 383 1,732 739,614.28 427.03 .043 1931.11 18.3	ACCOMMODATIONS
ADMINISTRATIVE DAYS 1 1 231.30 231.30 .000 231.30 .	ADMINISTRATIVE DAYS
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .	TRANSITIONAL IP CARE
ALL OTHER ACCOM 382 1,731 739,382.98 427.14 .043 1935.56 18.	ALL OTHER ACCOM
ANCILLARIES 384 0 1,669,348.81 .00 .000 4347.26 41.	ANCILLARIES
INPATIENT CROSSOVERS 204 0 201,671.62 .00 .000 988.59 4.	INPATIENT CROSSOVERS
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT
HOSP OUTPATIENT TOTAL 5,917 37,491 899,076.77 23.98 .927 151.95 22.	HOSP OUTPATIENT TOTAL
MEDICAL 1,849 3,677 137,567.63 37.41 .091 74.40 3.	
SURGERY 352 409 18,894.80 46.20 .010 53.68 .	SURGERY
PATHOLOGY 3,063 16,510 207,177.86 12.55 .408 67.64 5.	PATHOLOGY
RADIOLOGY 1,656 2,471 198,974.64 80.52 .061 120.15 4.	RADIOLOGY
ROOM USE 2,780 4,383 176,652.82 40.30 .108 63.54 4.	
CROSSOVERS/ALL OTH OUTPINT 2,449 10,041 159,809.02 15.92 .248 65.25 3.	CROSSOVERS/ALL OTH OUTPINT
@COUNTY HOSPITAL TOTAL 33 139 \$ 18,053.37 \$ 129.88 .003 \$ 547.07 \$.	@COUNTY HOSPITAL TOTAL
CO HOSPITAL INPATIENT TOTAL 3 13 15,535.00 1195.00 .000 5178.33 .	CO HOSPITAL INPATIENT TOTAL
HSC HOSPITALS 3 13 15,535.00 1195.00 .000 5178.33	HSC HOSPITALS

NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00 .00 .00 .00 .00 .00 .00 2,518.37 390.18 76.46 486.26 26.22 666.63 872.62	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		0.0	0.0	000	.00		.00
TRANSITIONAL IP CARE	0	0		0.0	00	000			
ALL OTHER ACCOM	0	0		0.0	00	000	.00		.00
ANCTLLARIES	0	0		0.0	00	000	.00		.00
TNDATTENT CROSSOVERS	0	0		00	00	000	00		.00
ALL OTHER INDATIENT	0	0		00	00	000	00		.00
CO HOSP OUTPATTENT TOTAL	3.0	126		2 518 37	19 99	.000	83 95		.06
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	7	120		390 18	32 52	.005	.00 .00 83.95 55.74 76.46 30.39 26.22 55.55 67.12		.01
SURGERY	1	1		76 46	76 16	.000	76 46		.00
PATHOLOGY	16	1.1		186 26	11 05	001	30 30		.01
RADIOLOGY	1	1		26 22	26 22	.001	26.22		.00
ROOM USE	1.0	1.4		20.22	47.62	.000	20.22		.02
CROSSOVERS/ALL OTH OUTPTNT	12	14		972 62	47.02	.000	67 10		.02
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITIC	DEC AND EXPENDENT	IDEC M	O/Z.UZ	T0.10	.UUI	07.12	Ъ	.UZ
MODO24	FEE-FOR-SERVICE		KES M	ONIH-OF-PAIMENI R.	EPORI FOR JAN	ZUU4 IRKU DI	SC 2004	P.	03/14/05
			יידו א כוי	- DISABLED	AID CODE	60			03/14/03
KINGS COUNTI							תמשווע אוודם	CF.	
40,456 ELIGIBLES	USERS	UNITS OF SERVIC	· 🕝	EADENULLIDES	AVERAGE COST	TINITTE / DAVE	CUCH DED	GE	
40,450 ELIGIBLES	CALCO	OD DAVE OF CAR	· Ei	EVEFUDIIOKES	AAFVAGE COST	ONIIS/DAIS	COSI FER		COSI FER
ACOMMINITAL HORDINAL MOMAI	6 212	OR DAIS OF CAR	LL c	F 706 613 70	C 140 00	1 001 ¢	004 00	٠	1/1 OC
COMM HOCD THE THE HOURT	716	40,300	Ą	3,700,613.70	ې	1.001	2 204.09	Ą	110 00
COMM HOSP INPATIENT TOTAL	140	3,133		4,810,055.30	1534.31	.077	12576 67		118.90
HOU HOSPITALS	102	1,403		2,199,420.59	1307.00	.035	13370.07		54.57
NON-HSC HOSPITALS TOTAL	383	1,732		2,408,963.09	1390.86	.043	0237.03		39.33
ACCOMMODATIONS	383	1,/32		/39,614.28	427.03	.043	1931.11		18.28
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30		.01
TRANSITIONAL IP CARE	200	1 721		.00	.00	.000	.00		.00
ALL OTHER ACCOM	382	1,/31		/39,382.98	427.14	.043	1935.56		18.28
ANCILLARIES	384	0		1,669,348.81	.00	.000	4347.26		41.26
INPATIENT CROSSOVERS	204	0		201,6/1.62	.00	.000	988.59		4.98
ALL OTHER INPATIENT	U = 0.00	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	5,893	37,365		896,558.40	23.99	.924	152.14		22.16
MEDICAL	1,844	3,665		13/,1//.45	37.43	.091	74.39		3.39
SURGERY	352	408		18,818.34	46.12	.010	53.46		.4/
PA'I'HOLOGY	3,049	16,466		206,691.60	12.55	.40/	67.79		5.11
RADIOLOGY	1,655	2,470		198,948.42	80.55	.061	120.21		4.92
ROOM USE	2 , 771	4,369		175,986.19	40.28	.108	63.51		4.35
CROSSOVERS/ALL OTH OUTPINT	2,439	9,987		158,936.40	15.91	.247	65.16		3.93
@STATE HOSPITAL	1	27	Ş	12,636.27	\$ 468.01	.001	12636.27	Ş	.31
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	1	27		12,636.27	468.01	.001	12636.27		.31
@NURSING FACILITY	284	7,699	\$	1,116,131.89	\$ 144.97	.190	3930.04	\$	27.59
40,456 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	29	1,020		127,180.05	124.69	.025	4385.52		3.14
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	12	304		160,296.22	527.29	.008	13358.02		3.96
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
THE D DECLITAD	2 - 0	()75		000 (FF (0	100 00	1 - 0	2211 (2		00 40

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

250

51

37

0

14

297

3

294

6,375

1,547

1,093

0

4,001

5

3,996

454

828,655.62

275,317.22

188,304.13

87,013.09

373,530.46 13,070.10

360,460.36

.00

129.99

177.97

172.28

191.66

93.36

90.21

2614.02

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.099

.099 \$

3314.62

5089.30

6215.22

4356.70

1226.06

1257.68 \$

.00

.038 \$ 5398.38 \$

20.48

6.81

4.65

.00

2.15

9.23

.32

8.91

ADEILADII IMAMIONI BACII IMV	C1	188	Ċ	7 700 06	Ċ	40.96	005	¢ 100 04	ċ	.19
UCCDIMAL DAGED	61 61	188	Ą	7,700.86 7,700.86	ş	40.96	.005	\$ 126.24 126.24		.19
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	1 414	4,909	\$	70,137.67			.121			1.73
		•	ې		Ą		.121	50.12	Ą	1.73
PATHOLOGY	1,392	4,842		69,762.02		14.41				
XO AND OTHERS	22	67	<u> </u>	375.65 3,961,034.02	<u> </u>	5.61	.002	17.08	<u>^</u>	.01
@ORGANIZED OUTPATIENT CLINIC	13,852	28,159	Ş				.696			97.91
CLINIC	128	400		8,363.53		20.91	.010	65.34		
SURGICENTER	133	487		25,683.23		52.74	.012	193.11		.63
HEROIN DETOX CLINIC	4	80		751.29		9.39		187.82		.02
RURAL HEALTH CLINIC	133 4 13,687	27 , 192		3,926,235.97			.672	286.86		97.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		URES I	MONTH-OF-PAYMENT F	REPORT	r for Jan 2	2004 THRU D	EC 2004	P.F	AGE 4,812
	FEE-FOR-SERVICE	•								03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- DISABLED		AID CODE				
								NTHLY AVERA	.GE -	
40,456 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
@ALL OTHER PROVIDERS		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	5 , 903	360,819	\$	1,034,910.95			8.919	\$ 175.32	\$	25.58
DURABLE MED. EQUIP.	563	1,398		317,512.92		227.12	.035	563.97		7.85
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	179	288		317,512.92 .00 23,628.88		82.04	.007	132.00		.58
MEDICAL TRANSPORTATION	1,308	63,393		327.322.33		5 16	1.567	250.25 207.13		8.09
AMBULANCES/AIR TRANS	934	18,401		193,457.93		10.51	.455	207.13		4.78
OTHER TRANS	217	43,781		100 000 00		0 10	1.082	502.73		2.70
QALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	254	1,211		24,772.38		20.46	.030	97.53		.61
ACUPUNCTURE	3	1,211 6		118.94		19.82	.000	39.65		.00
ADULT DAY HEALTH CARE CTR	29	329		22,912.70		69.64	.008	790.09		.57
CENETIC DISEASE TESTING	11	11		1,107.00		100.64	.000	100.64		.03
THMC MODEL-NE NE AIDS MSSP	62	180		17,256.14		95.87	.004	278.32		.43
OCCUDATIONAL TUEDADICT	02	0		.00		.00	.000	.00		.00
OCCUPATIONAL INERAPIST	054	2,045		23,205.77		11.35	.051	24.32		.57
OFITCIAN DISCO	934	2,043					.002			.03
PHISICAL THERAPIST	1 /	35		1,228.15 710.44		12.41	.002	153.52 50.75		.03
PORTABLE X-KAI	14	183				20.30		501.49		.02
PROSTHETIST/ORTHOTISTS	80			34,101.39		186.35	.005	501.49		.84
PROSTHETICS	6 /	182		33,982.31		186.72	.004	507.20		.84
ORTHOTICS	1	1		119.08		119.08	.000	119.08		.00
PSYCHOLOGIST	9	32		2,440.73		76.27	.001	271.19		.06
SPEECH AND AUDIOLOGY	124	367		18,039.18		49.15	.009	145.48		.45
HOSPICE SERVICES NONINST BIRTHING CENTERS	19	376		47,463.44		126.23	.009	2498.08		1.17
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1,200	11,569		96,963.39		8.38	.286	76.47		2.40
EPSDT SUPPLEMENTAL SERVICE	Ü	0		.00		.00	.000			.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000			.00
RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	1,769			100,899.55		.36	6.934			2.49
@CALIF. CHILDREN SERVICES*	813	25 , 532	\$	1,985,199.64		77.75		\$ 2441.82		49.07
@XOVER EXCLUDING STATE HOSP**	4,285	37,051	\$	673,732.45	\$	18.18	.916	\$ 157.23	\$	16.65
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	RATE INFORMATION	ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE A	PPROPRIATE DETAI	L LIN	ES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	TE DETAIL LINES	ABOVE	•						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES I	MONTH-OF-PAYMENT F	REPORT	r for jan 2	2004 THRU D	EC 2004	PF	AGE 4,813
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR CGF 3	0-33	35 40 42 3A-3M 3P	3R 3t	J 3W 4C-4G				
							MC	NTHLY AVERA	.GE -	
83,033 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIG	USER	F	ELIGIBLE

@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE	46,044 10,724 7,476 2,915 8 4,181	216,278 26,728 10,562 3,703 9 4,733	\$ \$	12,474,415.69 1,060,297.76 446,903.03 111,519.44 514.73 259,160.41 308.66	\$ \$	57.68 39.67 42.31 30.12 57.19 54.76 44.09	2.605 .322 .127 .045 .000 .057	\$	270.92 98.87 59.78 38.26 64.34 61.99 51.44		150.23 12.77 5.38 1.34 .01 3.12
OB VISITS/COMPRE PERI	485	1,858		67,554.99		36.36	.022		139.29		.81
OTHER OUTPATIENT	231	252		7,844.80		31.13	.003		33.96		.09
INPATIENT VISITS	424	1,208		80,483.39		66.63	.015		189.82		.97
HOSPITAL VISITS	397	910		46,036.38		50.59	.011		115.96		.55
CRITICAL CARE SNF/ICF/TRANS IP CARE	28 10	227 71		31,152.16 3,294.85		137.23 46.41	.003		1112.58 329.49		.38
OPHTHALMOLOGICAL SERVICES	47	66		2,466.53		37.37	.001		52.48		.03
EXAMINATIONS	47	66		2,466.53		37.37	.001		52.48		.03
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	462	2,009		197,462.58		98.29	.024		427.41		2.38
PRINCIPAL SURGEON	315	347		160,880.09		463.63	.004		510.73		1.94
ASSISTANT SURGEON	65	65		11,406.64		175.49	.001		175.49		.14
ANESTHESIOLOGIST	143	1,597		25 , 175.85		15.76	.019		176.05		.30
OUTPATIENT SURGERY	777	1,950		124,234.28		63.71	.023		159.89		1.50
PRINCIPAL SURGEON	665	779		103,409.87		132.75	.009		155.50		1.25
ASSISTANT SURGEON ANESTHESIOLOGIST	7 194	7 1,164		987.22 19,837.19		141.03 17.04	.000		141.03 102.25		.01 .24
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	891	1,369		22,858.33		16.70	.016		25.65		.28
RADIOLOGY	2,510	3,505		93,090.48		26.56	.042		37.09		1.12
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	189	256		7,265.99		28.38	.003		38.44		.09
OTHER SERVICES/ALL X-OVERS	2,124	5,803		85,533.15		14.74	.070		40.27		1.03
@PHARMACY	20,607	66,119	\$	2,109,523.27	\$	31.90	.796	\$		\$	25.41
PRESCRIPTION DRUGS	20,384	51,110		2,049,974.39		40.11	.616		100.57		24.69
SNF/ICF	38	293		39,878.22		136.10	.004		1049.43		.48
OUTPATIENTS	20 , 349 873	50,817		2,010,096.17		39.56 3.97	.612		98.78 68.21		24.21
MEDICAL SUPPLIES @DENTIST	3,682	15,009 22,300	\$	59,548.88 601,772.30	\$	26.99	.181	¢	163.44	Ċ	.72 7.25
VISITS - DIAGNOSTIC	2,964	16,391	۲	213,203.50	۲	13.01	.197		71.93	۲	2.57
ORAL SURGERY	493	1,065		68,588.13		64.40	.013		139.12		.83
DRUGS	14	18		310.00		17.22	.000		22.14		.00
ANESTHESIA	61	64		6,500.00		101.56	.001		106.56		.08
PERIODONTICS	88	89		9,443.00		106.10	.001		107.31		.11
ENDODONTICS	292	540		67 , 328.00		124.68	.007		230.58		.81
RESTORATIVE DENTISTRY	1,090	3,446		184,255.09		53.47	.042		169.04		2.22
PROSTHETICS	14	16		300.00		18.75	.000		21.43		.00
DENTURES, STAYPLATES	22	98		11,132.00		113.59	.001		506.00		.13
SPACE MAINTAINERS MAXILLOFACIAL SERVICES	52 132	62 135		7,828.00 14,069.58		126.26 104.22	.001		150.54 106.59		.09 .17
FRACTURES, DISLOCATIONS	0	0		.00		.00	.002		.00		.00
ORTHODONTIC SERVICES	197	277		17,615.00		63.59	.003		89.42		.21
ALL OTHER SERVICES	96	99		1,200.00		12.12	.001		12.50		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES	MONTH-OF-PAYMENT R	EPOR'			DEC		PA	GE 4,814
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY	SUMMARY OF SERV	VICES FOR CGF 30-	.33	35 40 42 3A-3M 3P	3R 31	U 3W 4C-4G	÷				
									HLY AVERA		
83,033 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		OST PER

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	1,426	4,452	\$	100,659.85	Ş	22.61	.054	Ş	70.59	Ş	1.21
DIAGNOSTIC AND ANC. PROCED		1,304		54,134.24		41.51	.016		44.67		.65
EYE APPLIANCES	1,101	3,137		46,248.65		14.74	.038		42.01		.56
OTHER OPTOMETRIC SERVICES		11		276.96		25.18	.000		27.70		.00
@CHIROPRACTOR	18	28	\$	455.62	\$.000	\$		\$.01
VISITS	18	28		455.62		16.27	.000		25.31		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	7	15	\$	447.51	\$	29.83	.000	\$	63.93	\$.01
MEDICINE/INJECTIONS	7	7		162.32		23.19	.000		23.19		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	2	4		72.64		18.16	.000		36.32		.00
OTHER	3	4		212.55		53.14	.000		70.85		.00
@HOME HEALTH AGENCY	83	201	\$	12,111.11	\$	60.25	.002	\$	145.92	\$.15
NURSE ANESTHESIST	50	274	Ś	6,000.14	\$.003		120.00	\$.07
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	2	0 7 28,491	Ś	191 30	Ś		.000		63.77		.00
@TOTAL HOSPITAL	7 , 467	28 - 491	Ś		Š	112.22			428.19		38.51
HOSP INPATIENT TOTAL	511	1,853	Τ	2,484,333.72	т	1340.71	.022	т	4861.71	т	29.92
HSC HOSPITALS	106	550		932,809.15		1696.02	.022		8800.09		11.23
NON-HSC HOSPITAL TOTAL	411	1,303		1,551,524.57		1190.73	.016		3775.00		18.69
ACCOMMODATIONS	410	1,303		578,703.69		444.13	.016		1411.47		6.97
	0	1,303		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	· · · · · · · · · · · · · · · · · · ·										
ALL OTHER ACCOM	410	1,303		578,703.69		444.13	.016		1411.47		6.97
ANCILLARIES	411 0	0		972,820.88		.00	.000		2366.96		11.72
INPATIENT CROSSOVERS		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	7,161	26,638		712,975.17		26.77	.321		99.56		8.59
MEDICAL	1,971	3,224		109,594.73		33.99	.039		55.60		1.32
SURGERY	664	736		30,192.23		41.02	.009		45.47		.36
PATHOLOGY	2,567 1,830	9,455		114,894.83		12.15	.114		44.76		1.38
RADIOLOGY		2,383		145,027.43		60.86	.029		79.25		1.75
ROOM USE	4,718	5,903		235,420.86		39.88	.071		49.90		2.84
CROSSOVERS/ALL OTH OUTPTNT		4,937		77,845.09		15.77	.059		29.12		.94
@COUNTY HOSPITAL TOTAL	47	140	\$	14,588.31	\$	104.20	.002	\$		\$.18
CO HOSPITAL INPATIENT TOTAL	3	7		9,452.00		1350.29	.000		3150.67		.11
HSC HOSPITALS	3	7		9,452.00		1350.29	.000		3150.67		.11
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	46	133		5,136.31		38.62	.002		111.66		.06
MEDICAL	20	27		1,114.43		41.28	.000		55.72		.01
SURGERY	6	8		669.51		83.69	.000		111.59		.01
PATHOLOGY	7	35		591.26		16.89	.000		84.47		.01
RADIOLOGY	6	9		330.68		36.74	.000		55.11		.00
ROOM USE	27	37		1,705.54		46.10	.000		63.17		.02
CROSSOVERS/ALL OTH OUTPTNT	11	17		724.89		42.64	.000		65.90		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M		EPOR			DEC		PAG	E 4,815
MOP024	FEE-FOR-SERVICE/DEN				011		/		= * * *		03/14/05
KINGS COUNTY	SUMMARY OF SERVICES		-33 3	35 40 42 3A-3M 3P	3R 3	U 3W 4C-4G					- 5, - 1, 00
1111100 0001111		, 1010 001 00	J		J1. J	0 0,, 10 10					

83,033 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	E.	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,431	28,351	\$ 3,182,720.58	\$ 112.26	.341	\$ 428.30	\$	38.33
COMM HOSP INPATIENT TOTAL	508	1,846	2,474,881.72	1340.67	.022	4871.81		29.81
HSC HOSPITALS	103	543	923,357.15	1700.47	.007	8964.63		11.12
NON-HSC HOSPITALS TOTAL	411	1,303	1,551,524.57	1190.73	.016	3775.00		18.69
ACCOMMODATIONS	410	1,303	578,703.69	444.13	.016	1411.47		6.97
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	410	1,303	578,703.69	444.13	.016	1411.47		6.97
ANCILLARIES	411	0	972 , 820.88	.00	.000	2366.96		11.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	7,125	26 , 505	707 , 838.86	26.71	.319	99.35		8.52
MEDICAL	1,953	3 , 197	108,480.30	33.93	.039	55.55		1.31
SURGERY	658	728	29 , 522.72	40.55	.009	44.87		.36
PATHOLOGY	2,561	9,420	114,303.57	12.13	.113	44.63		1.38
RADIOLOGY	1,824	2,374	144,696.75	60.95	.029	79.33		1.74
ROOM USE	4,695	5 , 866	233,715.32	39.84	.071	49.78		2.81
CROSSOVERS/ALL OTH OUTPINT	2,664	4,920	77,120.20	15.67	.059	28.95		.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	5	119	\$ 77,395.16	\$ 650.38	.001	\$ 15479.03	\$.93
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	4	103	73,715.80	715.69	.001	18428.95		.89
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	1	16	3,679.36	229.96	.000	3679.36		.04
@INTERMEDIATE CARE FACILDD	8	364	\$ 73,351.38	\$ 201.51	.004	\$ 9168.92	\$.88

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	8	364		73,351.38		201.51	.004		9168.92		.88
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	42	111	\$	5,039.26	\$	45.40	.001	\$	119.98	\$.06
HOSPITAL BASED	42	111		5,039.26		45.40	.001		119.98		.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,249	6,366	\$	109,855.50	\$	17.26	.077	\$	48.85	\$	1.32
PATHOLOGY	2,247	6,364		109,736.50		17.24	.077		48.84		1.32
XO AND OTHERS	2	2		119.00		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC	20,310	32 , 958	\$	4,845,403.41	\$	147.02	.397	\$	238.57	\$	58.36
CLINIC	331	1,128		22,266.39		19.74	.014		67.27		.27
SURGICENTER	162	916		32,351.40		35.32	.011		199.70		.39
HEROIN DETOX CLINIC	1	21		232.26		11.06	.000		232.26		.00
RURAL HEALTH CLINIC	19 , 923	30 , 893		4,790,553.36		155.07	.372		240.45		57.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT F	REPORT	FOR JAN 20	004 THRU	DEC	2004	P.	AGE 4,816
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERVICE	S FOR CGF 30	-33 3	5 40 42 3A-3M 3P	3R 3U	3W 4C-4G					

----- MONTHLY AVERAGE -----

AVERAGE COST UNITS/DAYS COST PER 83,033 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6,056 274,603.23 @ALL OTHER PROVIDERS 27,745 9.90 .334 \$ 45.34 \$ 3.31 DURABLE MED. EQUIP. 116 157 14,581.43 92.88 .002 125.70 .18 BLOOD BANK 0 0 .00 .00 .000 .00 .00 8 19 633.11 33.32 79.14 HEARING AID DISPENSERS .000 .01 518 88,336.45 9.37 170.53 MEDICAL TRANSPORTATION 9,427 .114 1.06 9,325 AMBULANCES/AIR TRANS 517 80,823.53 8.67 .112 156.33 .97 OTHER TRANS 1 84 174.60 2.08 .001 174.60 .00 17 OTHER SERVICES 18 7,338.32 407.68 .000 431.67 .09 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 105.00 GENETIC DISEASE TESTING 99 10,395.00 .001 105.00 .13 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 940 2,031 17,160.71 8.45 .024 18.26 .21 2,418.26 14.57 151.14 PHYSICAL THERAPIST 166 .002 .03 0 .00 .000 .00 PORTABLE X-RAY 0 .00 .00 29 PROSTHETIST/ORTHOTISTS 44 2,933.91 66.68 .001 101.17 .04 2,933.91 66.68 101.17 PROSTHETICS .001 .00 ORTHOTICS 0 0 .00 .000 .00 .00 10 PSYCHOLOGIST 48 3,086.48 64.30 .001 308.65 .04 55.42 87.91 .03 SPEECH AND AUDIOLOGY 2,549.29 .001 HOSPICE SERVICES 80.10 .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 0 .00 4,295 11,811 129,677.92 10.98 LOCAL EDUCATION AGENCIES .142 30.19 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .000 .00 .00 0 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 2,750.57 .71 ALL OTHER PROVIDERS 97 3,897 28.36 .047 .03 279 6,027 693,438.83 \$ 115.06 .073 \$ 2485.44 \$ @CALIF. CHILDREN SERVICES* 8.35 @XOVER EXCLUDING STATE HOSP** 84.09 8.41 .000 \$ 16.82 \$.00

 $[\]ensuremath{\texttt{@}}^\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,817 MOP024 FEE-FOR-SERVICE/DENTAL

KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

KINGS COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT -	- TOTAL				
							GE
136,670 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	90,713	1,832,291 \$	44,208,324.77	\$ 24.13	13.407	\$ 487.34	\$ 323.47
@PHYSICIANS SERVICES	21,972	78 , 882 \$	2,587,110.17	\$ 32.80	.577	\$ 117.75	\$ 18.93
OUTPATIENT VISITS	11,832	17,297	792,695.23	45.83	.127	67.00	5.80
OFFICE VISITS	4,550	5,985	178,723.68	29.86	.044	39.28	1.31
HOME VISITS	14	16	761.73	47.61	.000	54.41	.01
EMERGENCY ROOM	6,615	8,361	506,198.23	60.54	.061	76.52	3.70
PREVENTIVE CARE	8	9	400.88	44.54	.000	50.11	.00
OB VISITS/COMPRE PERI	532	2,022	73,765.60	36.48	.015	138.66	.54
	728	904					
OTHER OUTPATIENT			32,845.11	36.33	.007	45.12	.24
INPATIENT VISITS	1,210	5,003	270,927.14	54.15	.037	223.91	1.98
HOSPITAL VISITS	1,079	4,318	197,518.93	45.74	.032	183.06	1.45
CRITICAL CARE	65	440	64,600.44	146.82	.003	993.85	.47
SNF/ICF/TRANS IP CARE	126	245	8 , 807.77	35.95	.002	69.90	.06
OPHTHALMOLOGICAL SERVICES	194	254	9,953.37	39.19	.002	51.31	.07
EXAMINATIONS	194	254	9,953.37	39.19	.002	51.31	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	737	3,372	329,964.74	97.85	.025	447.71	2.41
PRINCIPAL SURGEON	535	671	267,140.78	398.12	.005	499.33	1.95
ASSISTANT SURGEON	91	91	17,233.89	189.38	.001	189.38	.13
ANESTHESIOLOGIST	228	2,610	45,590.07	17.47	.019	199.96	.33
OUTPATIENT SURGERY	1,347	3,640	243,686.45	66.95	.027	180.91	1.78
PRINCIPAL SURGEON	1,137	1,357	204,795.93	150.92	.010	180.12	1.50
	1,137	10	1,562.43	156.24	.000	156.24	.01
ASSISTANT SURGEON							
ANESTHESIOLOGIST	320	2,273	37,328.09	16.42	.017	116.65	.27
DIALYSIS	63	371	25,645.23	69.12	.003	407.07	.19
PATHOLOGY	1,499	4,209	49,624.81	11.79	.031	33.11	.36
RADIOLOGY	5,004	8,267	225,966.96	27.33	.060	45.16	1.65
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	453	5 , 798	211,874.11	36.54	.042	467.71	1.55
OTHER SERVICES/ALL X-OVERS	8,538	30 , 671	426,772.13	13.91	.224	49.99	3.12
@PHARMACY	56,708	1,095,312 \$	16,564,915.37	\$ 15.12	8.014	\$ 292.11	\$ 121.20
PRESCRIPTION DRUGS	55,673	214,520	15,761,049.10	73.47	1.570	283.10	115.32
SNF/ICF	657	5,781	473,339.27	81.88	.042	720.46	3.46
OUTPATIENTS	55,110	208,739	15,287,709.83	73.24	1.527	277.40	111.86
MEDICAL SUPPLIES	6,383	880 , 792	803,866.27	.91	6.445	125.94	5.88
@DENTIST	5,880	34,332 \$	1,009,712.29	\$ 29.41	.251		
VISITS - DIAGNOSTIC	4,526	24,497	296,295.40	12.10	.179	65.47	2.17
ORAL SURGERY	872	2,064	123,655.88	59.91	.015	141.81	.90
DRUGS	20	30	500.00	16.67	.000	25.00	.00
ANESTHESIA	109	116	11,100.00	95.69	.001	101.83	.08
	328	374			.001		.27
PERIODONTICS			36,655.00	98.01		111.75	
ENDODONTICS	438	775	116,369.00	150.15	.006	265.68	.85
RESTORATIVE DENTISTRY	1,595	4,751	272,883.99	57.44	.035	171.09	2.00
PROSTHETICS	38	41	1,045.00	25.49	.000	27.50	.01
DENTURES, STAYPLATES	281	948	98,528.25	103.93	.007	350.63	.72
SPACE MAINTAINERS	60	73	8,743.00	119.77	.001	145.72	.06
MAXILLOFACIAL SERVICES	186	194	19,501.77	100.52	.001	104.85	.14
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	244	332	22,360.00	67.35	.002	91.64	.16
ALL OTHER SERVICES	140	136	1,275.00	9.38	.001	9.11	.01
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,818 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

KINGS COUNTY	SUMMARY OF SERV	VICES FOR CASH GR	AN'I' -	- TOTAL			M	ONTIT		CE	
106 670 77 7777									HLY AVERA	.GE	
136,670 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CARE				UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	3,019	9,202	\$		\$	21.92	.067	Ş	66.81	Ş	1.48
DIAGNOSTIC AND ANC. PROCED	1,980	2,153		87 , 745.97		40.76	.016		44.32		.64
EYE APPLIANCES	2,427	6 , 897		109,600.86		15.89	.050		45.16		.80
OTHER OPTOMETRIC SERVICES	122	152		4,349.75		28.62	.001		35.65		.03
@CHIROPRACTOR	58	115	\$	1,885.18	\$.001	\$	32.50	\$.01
VISITS	54	109		1,801.58		16.53	.001		33.36		.01
OTHER SERVICES	54 4 124 27	6		83.60		13.93	.000		20.90		.00
@PODIATRIST	124	258	\$	3,178.57	\$	12.32	.002	\$	25.63	\$.02
MEDICINE/INJECTIONS	27	37		882.32		23.85	.000		32.68		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	2	4		72.64		18.16	.000		36.32		.00
OTHER	102	217		2,223.61		10.25	.002		21.80		.02
@HOME HEALTH AGENCY	2 102 243	1,355	\$		\$	68.92	.010	Ś	384.29	Ś	.68
NURSE ANESTHESIST	70	447	\$	•	\$	19.31	.003		123.33		.06
NURSE MIDWIFE	0	0	¢		\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$		Ś	.00	.000			\$.00
FAMILY NURSE PRACTITIONER	11	17	\$		\$	23.20	.000				.00
		72,424		9,701,776.81			.530	ې خ	35.85		
@TOTAL HOSPITAL	14,441		\$	9,701,776.81	Ş	133.96		Ş		Þ	70.99
HOSP INPATIENT TOTAL	1,441	5,440		8,030,325.23		1476.16	.040		5572.74		58.76
HSC HOSPITALS	279	1,993		3,187,086.41		1599.14	.015		11423.25		23.32
NON-HSC HOSPITAL TOTAL	842	3,447		4,514,865.91		1309.80	.025		5362.07		33.03
ACCOMMODATIONS	839	3,447		1,498,247.78		434.65 231.30 .00	.025		1785.75		10.96
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0 838	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	838	3,446		1,498,016.48		434./1	.025		1787.61		10.96
ANCILLARIES	841	0		3,016,618.13		.00	.000		3586.94		22.07
INPATIENT CROSSOVERS	331	0		328 , 372.91		.00	.000		992.06		2.40
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13,559	66,984		1,671,451.58		24.95	.490		123.27		12.23
MEDICAL	3,877	7,108		258,994.92		36.44	.052		66.80		1.90
SURGERY	1,039	1,171		50,949.13		43.51	.009		49.04		.37
PATHOLOGY	5,727	26,447		328,410.55		12.42	.194		57.34		2.40
RADIOLOGY	3,533	4,929		350,308.94		71.07	.036		99.15		2.56
ROOM USE	7,566	10,416		418,689.75		40.20	.076		55.34		3.06
CROSSOVERS/ALL OTH OUTPTNT		16,913		264,098.29		15.62	.124		47.87		1.93
@COUNTY HOSPITAL TOTAL	84	291	\$		Ś	112.69	.002	Ś		Ś	.24
CO HOSPITAL INPATIENT TOTAL	* -	20	Ψ	24,987.00	Y	1249.35	.000	٧	4164.50	7	.18
HSC HOSPITALS	6	20		24,987.00		1249.35	.000		4164.50		.18
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0									
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	· ·	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	80	271		7,806.70		28.81	.002		97.58		.06
MEDICAL	27	39		1,504.61		38.58	.000		55.73		.01
SURGERY	7	9		745.97		82.89	.000		106.57		.01
PATHOLOGY	24	88		1,185.67		13.47	.001		49.40		.01

7 RADIOLOGY 10 356.90 35.69 40 52 2,408.67 ROOM USE 46.32 CROSSOVERS/ALL OTH OUTPTNT 26 73 1,604.88 21.98

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

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KINGS COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

MOP024

136,670 ELICIBLES	KINGS COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT	r - TOTAL					
COMMUNITY HOSFITAL TOTAL									
COMMUNITY HOSPITAL TOTAL	136,670 ELIGIBLES	USERS		EXPENDITURES					
SURGERY 1,033									
SURGERY 1,033	@COMMUNITY HOSPITAL TOTAL	14 , 374		9,668,983.11				\$	70.75
SURGERY 1,033	COMM HOSP INPATIENT TOTAL	1,435		8,005,338.23		.040			
SURGERY 1,033	HSC HOSPITALS	273	1,973	3,162,099.41	1602.69	.014	11582.78		23.14
SURGERY 1,033	NON-HSC HOSPITALS TOTAL	842	3,447	4,514,865.91		.025			33.03
SURGERY 1,033	ACCOMMODATIONS	839	3.447						10.96
SURGERY 1,033	ADMINISTRATIVE DAYS	1	1		231.30		231.30		
SURGERY 1,033	TRANSITIONAL IP CARE	0	0						
SURGERY 1,033	ALL OTHER ACCOM	838	3 446						
SURGERY 1,033	ANCTITADIES	9.41	0,440	3 016 618 13					
SURGERY 1,033	TNDAMTENM CDOCCOVEDC	221	0	220 272 01					
SURGERY 1,033	INPALLENT CROSSOVERS	221	0	320,372.91					
SURGERY 1,033	ALL OTHER INPATIENT	10.405	0 712	.00					
SURGERY 1,033	COMM HOSP OUTPATIENT TOTAL	13,495	66,713	1,663,644.88					
SURGERY 1,033	MEDICAL	3,854	7,069	257,490.31	36.43				
CROSSOVERS/ALL OTH OUTFITY 5,496 16,840 262,493.41 15.59 .123 47.76 1.92 (STATE HOSPITAL 10 274 \$ 123,246.10 \$ 449.80 .002 \$ 12324.61 \$.90 MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SURGERY	1,033	1,102	30,203.10	43.20				
CROSSOVERS/ALL OTH OUTFITY 5,496 16,840 262,493.41 15.59 .123 47.76 1.92 (STATE HOSPITAL 10 274 \$ 123,246.10 \$ 449.80 .002 \$ 12324.61 \$.90 MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PATHOLOGY	5,706		327,224.88	12.41				
CROSSOVERS/ALL OTH OUTFITY 5,496 16,840 262,493.41 15.59 .123 47.76 1.92 (STATE HOSPITAL 10 274 \$ 123,246.10 \$ 449.80 .002 \$ 12324.61 \$.90 MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	3 , 526		349,952.04	71.14				
CROSSOVERS/ALL OTH OUTPTNT 5,496 16,840 262,493.41 15.59 .123 47.76 1.92 6STATE HOSPITAL 0 10 274 \$ 123,246.10 \$ 449.80 .002 \$ 12324.61 \$.90 MENTALLY ILL 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .	ROOM USE	7 , 533	10 , 364	416,281.08	40.17				
STATE HOSPITAL 10	CROSSOVERS/ALL OTH OUTPINT	5 , 496			15.59	.123	47.76		1.92
MENTALLY ILL DEVELOP. DISABLED 10 274 123,246.10 449.80 .002 12324.61 .90 (NURSING FACILITY 519 12,625 2,149,045.06 5170.22 .092 \$4140.74 \$15.72 LEV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 .0	@STATE HOSPITAL	10	274 \$	123,246.10	\$ 449.80			\$	
DEVELOP. DISABLED 10 274 123,246.10 449.80 .002 12324.61 .90	MENTALLY ILL	0	0	.00	.00	.000	.00		.00
SUNDRING FACILITY	DEVELOP. DISABLED	10		123,246.10	449.80	.002	12324.61		.90
LEV A-INTERMEDIATE 0 1,00 0 0,00 0,00 0,00 0,00 LEV B-REHAB MD 29 1,020 127,180.05 124.69 .007 4385.52 .93 LEV B-SUBACUTE FREESTANDING 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .	@NURSING FACILITY	519	12,625 \$	2,149,045.06	\$ 170.22	.092 \$	4140.74	\$	15.72
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED 30 835 482,281.98 577.58 .006 16076.07 3.53 LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00	LEV B-REHAB MD	29	1,020	127,180.05	124.69	.007	4385.52		.93
LEV B-SUBACUTE HSPTL BASED 30 835 482,281.98 577.58 .006 16076.07 3.53 LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-SUBACUTE FREESTANDING	0	. 0		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE 0 0 10,770 1,539,583.03 142.95 .079 3261.83 11.26 ENTERMEDIATE CARE FACILDD 59 1,911 \$ 348,666.60 \$ 182.45 .014 \$ 5909.64 \$ 2.55 ICF DDH 37 1,093 188,304.13 172.28 .008 5089.30 1.38 ICF DD 0 0 0 .00 .00 .00 .00 .00 ICF DDN/DDCN 22 818 160,364.47 196.04 .006 7289.29 1.17 GHEMODIALYSIS TOTAL 450 6,714 \$ 501,314.45 \$ 74.67 .049 \$ 1114.03 \$ 3.67 HOSPITAL BASED 3 5 13,070.10 2614.02 .000 4356.70 .10 HEMODIALYSIS CENTER 447 6,709 488,244.35 72.77 .049 1092.27 3.57 GERHABILITATION FACILITY 103 299 \$ 12,740.12 \$ 42.61 .002 \$ 123.69 \$.09 HOSPITAL BASED 103 299 12,740.12 \$ 42.61 .002 \$ 123.69 \$.09 HOSPITAL BASED 103 299 12,740.12 \$ 42.61 .002 \$ 123.69 \$.09 INDEPENDENT FACILITY 3,716 11,487 \$ 182,144.37 \$ 15.86 .084 \$ 49.02 \$ 1.33 PATHOLOGY 3,682 11,388 181,509.62 15.94 .083 49.30 1.33 PATHOLOGY 3,682 11,388 181,509.62 15.94 .083 49.30 1.33 PATHOLOGY 348 67,153 \$ 9,151,722.72 \$ 136.28 .491 \$ 244.45 \$ 66.96 CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 SURGICENTER 375 1,500 72,990.79 48.06 .011 192.24 5.53 HEROIN DETOX CLINIC 5 101 983.55 9.74 .001 196.71 .01	LEV B-SUBACUTE HSPTL BASED	30	835	482,281.98		.006	16076.07		
LEV B-REGULAR 472 10,770 1,539,583.03 142.95 .079 3261.83 11.26 @INTERMEDIATE CARE FACILDD 59 1,911 \$ 348,668.60 \$ 182.45 .014 \$ 5909.64 \$ 2.55 ICF DDH 37 1,093 188,304.13 172.28 .008 5089.30 1.38 ICF DDD 0 0 0 .00 .00 .00 .00 .00 .00 ICF DDN/DDCN 22 818 160,364.47 196.04 .006 7289.29 1.17 @HEMODIALYSIS TOTAL 450 6,714 \$ 501,314.45 \$ 74.67 .049 \$ 1114.03 \$ 3.67 HOSPITAL BASED 3 5 13,700.10 2614.02 .000 4356.70 .10 HEMODIALYSIS CENTER 447 6,709 488,244.35 72.77 .049 1092.27 3.57 @REHABILITATION FACILITY 103 299 \$ 12,740.12 \$ 42.61 .002 \$ 123.69 \$.09 HOSPITAL BASED 103 299 \$ 12,740.12 \$ 42.61 .002 \$ 123.69 \$.09 INDEPENDENT FACILITY 3,716 11,487 \$ 182,144.37 \$ 15.86 .084 \$ 49.02 \$ 1.33 PATHOLOGY 3,682 11,388 181,509.62 15.94 .083 49.30 1.33 XO AND OTHERS 34 99 634.75 6.41 .001 18.67 .00 @GORGANIZED OUTPATIENT CLINIC 37,438 67,153 \$ 9,151,722.72 \$ 136.28 .491 \$ 244.45 \$ 66.96 CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 SURGICENTER 375 1,500 72,090.79 480.66 .011 192.24 .53 HEROIN DETOX CLINIC 5 101	LEV B-TRANSITIONAL IP CARE	0	0	•		.000	.00		.00
@INTERMEDIATE CARE FACILDD	LEV B-REGILAR	472	10.770						
TICF DDH	GINTERMEDIATE CARE FACIL -DD	59	1.911 \$					Ś	
ICF DD	TOF DOH	37	1 093					т	
TOT DDN/DDCN 22	ICF DD	0	-,						
CHEMODIALYSIS TOTAL	ICE DDM/DDCM	22							
HOSPITAL BASED 3 5 13,070.10 2614.02 .000 4356.70 .10 HEMODIALYSIS CENTER 447 6,709 488,244.35 72.77 .049 1092.27 3.57 @REHABILITATION FACILITY 103 299 \$ 12,740.12 \$ 42.61 .002 \$ 123.69 \$.09 HOSPITAL BASED 103 299 12,740.12 \$ 42.61 .002 \$ 123.69 \$.09 INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 @LABORATORY FACILITY 3,716 11,487 \$ 182,144.37 \$ 15.86 .084 \$ 49.02 \$ 1.33 PATHOLOGY 3,682 11,388 181,509.62 15.94 .083 49.30 1.33 XO AND OTHERS 34 99 634.75 6.41 .001 18.67 .00 @CORGANIZED OUTPATIENT CLINIC 37,438 67,153 \$ 9,151,722.72 \$ 136.28 .491 \$ 244.45 \$ 66.96 CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 SURGICENTER 375 1,500 72,090.79 48.06 .011 192.24 .53 HEROIN DETOX CLINIC 5 101	AUEMODIALVEIS TOTAL	450						Ċ	
HEMODIALYSIS CENTER 447 6,709 488,244.35 72.77 .049 1092.27 3.57 @REHABILITATION FACILITY 103 299 \$ 12,740.12 \$ 42.61 .002 \$ 123.69 \$.09 HOSPITAL BASED 103 299 12,740.12 \$ 42.61 .002 \$ 123.69 .09 INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 @LABORATORY FACILITY 3,716 11,487 \$ 182,144.37 \$ 15.86 .084 \$ 49.02 \$ 1.33 PATHOLOGY 3,682 11,388 181,509.62 15.94 .083 49.30 1.33 XO AND OTHERS 34 99 634.75 6.41 .001 18.67 .00 @CRGANIZED OUTPATIENT CLINIC 37,438 67,153 \$ 9,151,722.72 \$ 136.28 .491 \$ 244.45 \$ 66.96 CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 SURGICENTER 375 1,500 72,090.79 48.06 .011 192.24 .53 HEROIN DETOX CLINIC 5 101	UCCDITAL DACED	400	- ,	12 070 10				Y	
### HEMODIALISIS CENTER 447 6,709 488,244.35 72.77 .049 1092.27 3.57 ### GREHABILITATION FACILITY 103 299 \$ 12,740.12 \$ 42.61 .002 \$ 123.69 \$.09 ### HOSPITAL BASED 103 299 12,740.12 42.61 .002 123.69 .09 ### INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 .00 .00 .00 ### INDEPENDENT FACILITY 3,716 11,487 \$ 182,144.37 \$ 15.86 .084 \$ 49.02 \$ 1.33 ### PATHOLOGY 3,682 11,388 181,509.62 15.94 .083 49.30 1.33 ### XO AND OTHERS 34 99 634.75 6.41 .001 18.67 .00 ### GORGANIZED OUTPATIENT CLINIC 37,438 67,153 \$ 9,151,722.72 \$ 136.28 .491 \$ 244.45 \$ 66.96 ### CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 ### SURGICENTER 375 1,500 72,090.79 48.06 .011 192.24 .53 ### HEROIN DETOX CLINIC 5 101	HEMODIALYCIC CENTER	117							
HOSPITAL BASED 103 299 12,740.12 \$ 42.61 .002 \$ 123.69 \$.09 INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	REMODIALISIS CENTER	447						ċ	
HOSPITAL BASED INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 .00 @LABORATORY FACILITY 3,716 11,487 \$ 182,144.37 \$ 15.86 .084 \$ 49.02 \$ 1.33 PATHOLOGY 3,682 11,388 181,509.62 15.94 .083 49.30 1.33 XO AND OTHERS 34 99 634.75 6.41 .001 18.67 .00 @ORGANIZED OUTPATIENT CLINIC 37,438 67,153 \$ 9,151,722.72 \$ 136.28 .491 \$ 244.45 \$ 66.96 CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 SURGICENTER 375 1,500 72,090.79 48.06 .011 192.24 .53 HEROIN DETOX CLINIC 5 101 983.55 9.74 .001 196.71 .01	GREHABILITATION FACILITY	103						Þ	
## TINDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HOSPITAL BASED	103		•					
GLABORATORY FACILITY 3,716 11,487 \$ 182,144.37 \$ 15.86 .084 \$ 49.02 \$ 1.33 PATHOLOGY 3,682 11,388 181,509.62 15.94 .083 49.30 1.33 XO AND OTHERS 34 99 634.75 6.41 .001 18.67 .00 GORGANIZED OUTPATIENT CLINIC 37,438 67,153 \$ 9,151,722.72 \$ 136.28 .491 \$ 244.45 \$ 66.96 CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 SURGICENTER 375 1,500 72,090.79 48.06 .011 192.24 .53 HEROIN DETOX CLINIC 5 101 983.55 9.74 .001 196.71 .01	INDEPENDENT FACILITY	0	U	.00	.00				
PATHOLOGY 3,682 11,388 181,509.62 15.94 .083 49.30 1.33 XO AND OTHERS 34 99 634.75 6.41 .001 18.67 .00 @ORGANIZED OUTPATIENT CLINIC 37,438 67,153 \$ 9,151,722.72 \$ 136.28 .491 \$ 244.45 \$ 66.96 CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 SURGICENTER 375 1,500 72,090.79 48.06 .011 192.24 .53 HEROIN DETOX CLINIC 5 101 983.55 9.74 .001 196.71 .01	@LABORATORY FACILITY	3,716	11,487 \$	182,144.37	\$ 15.86			Ş	
XO AND OTHERS 34 99 634.75 6.41 .001 18.67 .00 @ORGANIZED OUTPATIENT CLINIC 37,438 67,153 \$ 9,151,722.72 \$ 136.28 .491 \$ 244.45 \$ 66.96 CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 SURGICENTER 375 1,500 72,090.79 48.06 .011 192.24 .53 HEROIN DETOX CLINIC 5 101 983.55 9.74 .001 196.71 .01	PATHOLOGY	3,682	11,388	101,309.02	13.94				
@ORGANIZED OUTPATIENT CLINIC 37,438 67,153 \$ 9,151,722.72 \$ 136.28 .491 \$ 244.45 \$ 66.96 CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 SURGICENTER 375 1,500 72,090.79 48.06 .011 192.24 .53 HEROIN DETOX CLINIC 5 101 983.55 9.74 .001 196.71 .01	XO AND OTHERS	34							
CLINIC 462 1,531 30,690.86 20.05 .011 66.43 .22 SURGICENTER 375 1,500 72,090.79 48.06 .011 192.24 .53 HEROIN DETOX CLINIC 5 101 983.55 9.74 .001 196.71 .01	@ORGANIZED OUTPATIENT CLINIC	37,438	- ,	9,151,722.72				\$	
SURGICENTER 375 1,500 72,090.79 48.06 .011 192.24 .53 HEROIN DETOX CLINIC 5 101 983.55 9.74 .001 196.71 .01	CLINIC	462							
HEROIN DETOX CLINIC 5 101 983.55 9.74 .001 196.71 .01	SURGICENTER	375							
	HEROIN DETOX CLINIC	5							
RURAL HEALTH CLINIC 36,826 64,021 9,047,957.52 141.33 .468 245.69 66.20	RURAL HEALTH CLINIC	36,826							
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,820	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PA	.GE 4,820

KINGS COONII	SUMMANT OF SEN	VICES FOR CASH GRANT	IOIAL				
					MON		-
136,670 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	13,839	439,484 \$	1,566,757.71	\$ 3.56	3.216 \$	113.21	\$ 11.46
DURABLE MED. EQUIP.	724	1,658	339,850.68	204.98	.012	469.41	2.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	317	514	51,134.98	99.48	.004	161.31	.37
MEDICAL TRANSPORTATION	2,136	103,285	500,829.38	4.85	.756	234.47	3.66
AMBULANCES/AIR TRANS	1,522	28,586	285,670.54	9.99	.209	187.69	2.09
OTHER TRANS	380	72,896	178,926.58	2.45	.533	470.86	1.31
OTHER SERVICES	383	1,803	36,232.26	20.10	.013	94.60	.27
ACUPUNCTURE	5	10	205.44	20.54	.000	41.09	.00
ADULT DAY HEALTH CARE CTR	35	458	31,905.92	69.66	.003	911.60	.23
GENETIC DISEASE TESTING	110	110	11,502.00	104.56	.001	104.56	.08
IHMC, MODEL-NF, NF, AIDS, MSSP	182	766	59,197.44	77.28	.006	325.26	.43
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,166	4,655	50,974.94	10.95	.034	23.53	.37
PHYSICAL THERAPIST	25	287	3,954.28	13.78	.002	158.17	.03
PORTABLE X-RAY	22	48	737.50	15.36	.000	33.52	.01
PROSTHETIST/ORTHOTISTS	103	246	37,534.99	152.58	.002	364.42	.27
PROSTHETICS	102	245	37,415.91	152.72	.002	366.82	.27
ORTHOTICS	1	1	119.08	119.08	.000	119.08	.00
PSYCHOLOGIST	21	84	5 , 831.62	69.42	.001	277.70	.04
SPEECH AND AUDIOLOGY	221	546	42,343.45	77.55	.004	191.60	.31
HOSPICE SERVICES	25	522	65 , 330.72	125.15	.004	2613.23	.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,584	23,473	227,918.47	9.71	.172	40.82	1.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2,941	302,822	137,505.90	.45	2.216	46.75	1.01
@CALIF. CHILDREN SERVICES*	1,119	32,104	\$ 2,730,919.30	\$ 85.06	.235	\$ 2440.50	\$ 19.98
@XOVER EXCLUDING STATE HOSP**	7,673	69 , 081	\$ 1,254,578.74	\$ 18.16	.505	\$ 163.51	\$ 9.18

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,821 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOPU24	FEE-FOR-SERVICE	E/DENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SERV	JICES FOR 185% PROGRA	M - INFANTS	AID CODES 47	69		
					MON	THLY AVERAGI	Ξ
3,668 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,447	9,396 \$	668,694.51	\$ 71.17	2.562 \$	273.27	\$ 182.30
@PHYSICIANS SERVICES	556	1,118 \$		\$ 39.59	.305 \$	79.61	
OUTPATIENT VISITS	397	516	21,669.81	42.00	.141	54.58	5.91
OFFICE VISITS	167	227	7,083.52	31.20	.062	42.42	1.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	219	247	13,240.07	53.60	.067	60.46	3.61
PREVENTIVE CARE	4	4	149.40	37.35	.001	37.35	.04
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	30	38	1,196.82	31.50	.010	39.89	.33
INPATIENT VISITS	50	123	7,182.99	58.40	.034	143.66	1.96
	47	100					
HOSPITAL VISITS	= :		5,358.76	53.59	.027	114.02	1.46
CRITICAL CARE	4	23	1,824.23	79.31	.006	456.06	.50
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	70.93	35.47	.001	70.93	.02
EXAMINATIONS	1	2	70.93	35.47	.001	70.93	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	27	2,246.30	83.20	.007	249.59	.61
PRINCIPAL SURGEON	5	5	1,551.19	310.24	.001	310.24	.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	22	695.11	31.60	.006	173.78	.19
OUTPATIENT SURGERY	20	83	3,941.73	47.49	.023	197.09	1.07
PRINCIPAL SURGEON	11	15	2,315.56	154.37	.004	210.51	.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	68	1,626.17	23.91	.019	135.51	.44
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	16	123.96	7.75	.004	13.77	.03
RADIOLOGY	104	140	3,074.85	21.96	.038	29.57	.84
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	9	81.00	9.00	.002	27.00	.02
OTHER SERVICES/ALL X-OVERS	134	202	5,872.97	29.07	.055	43.83	1.60
@PHARMACY	1,245	3,259 \$	108,898.55	\$ 33.41	.888 \$		
PRESCRIPTION DRUGS	1,220	3,110	101,777.29	32.73	.848	83.42	27.75
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,220	3,110	101,777.29	32.73	.848	83.42	27.75
MEDICAL SUPPLIES	99	149	7,121.26	47.79	.041	71.93	1.94
	3	13 \$		\$ 41.62	.004 \$		
@DENTIST	3	13 \$	541.07	21.44	.004 \$	64.33	.15
VISITS - DIAGNOSTIC	3 1	1	193.00				
ORAL SURGERY	0		100.00	100.00	.000	100.00	.03
DRUGS	· ·	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	150.00	75.00	.001	150.00	.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES 0 0	.00	.00	.000	.00		.00
SPACE MAINTAINERS 0 0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES 1 1	98.07	98.07	.000	98.07		.03
FRACTURES, DISLOCATIONS 0 0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES 0 0	.00	.00	.000	.00		.00
ALL OTHER SERVICES 0 0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-	-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAG	E 4,822
MOP024 FEE-FOR-SERVICE/DENTAL					(03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - I	INFANTS	AID CODES 47	69			
			MON		_	
.,	EXPENDITURES	AVERAGE COST		COST PER		ST PER
OR DAYS OF CARE		PER UNIT/DAY		USER		IGIBLE
@OPTOMETRIST 2 2 \$	58.86	\$ 29.43	.001 \$		\$.02
DIAGNOSTIC AND ANC. PROCED 1 1	47.45	47.45	.000	47.45		.01
EYE APPLIANCES 0 0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES 1 1	11.41	11.41	.000	11.41		.00
@CHIROPRACTOR 0 0 \$.00	\$.00	.000 \$		\$.00
VISITS 0 0	.00	.00	.000	.00		.00
OTHER SERVICES 0 0	.00	.00	.000	.00	_	.00
@PODIATRIST 0 0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS 0 0	.00	.00	.000	.00		.00
SURGERY/ANES. 0 0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY 0 0	.00	.00	.000	.00		.00
OTHER 0 0	.00	.00	.000	.00	<u> </u>	.00
@HOME HEALTH AGENCY 9 19 \$	1,123.86	\$ 59.15	.005 \$		\$.31
NURSE ANESTHESIST 0 \$.00	\$.00	.000 \$.00	\$ \$.00
NURSE MIDWIFE 0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER 0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER 0 0 \$	0.0					
	.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL4021,275\$HOSP INPATIENT TOTAL2763	.00 145,919.58 105,861.24	\$.00 \$ 114.45 1680.34	.000 \$.348 \$.017		\$ \$	39.78 28.86

	O .	0	.00	. 0 0	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	19	\$ 1,123.86	\$ 59.15	.005	\$ 124.87	\$.31
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	402	1,275	\$ 145,919.58	\$.348	\$ 362.98	\$ 39.78
HOSP INPATIENT TOTAL	27	63	105,861.24	1680.34	.017	3920.79	28.86
HSC HOSPITALS	22	53	96,650.00	1823.58	.014	4393.18	26.35
NON-HSC HOSPITAL TOTAL	6	10	9,211.24	921.12	.003	1535.21	2.51
ACCOMMODATIONS	6	10	3,709.84	370.98	.003	618.31	1.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	10	3,709.84	370.98	.003	618.31	1.01
ANCILLARIES	6	0	5,501.40	.00	.000	916.90	1.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	384	1,212	40,058.34	33.05	.330	104.32	10.92
MEDICAL	108	196	9,531.85	48.63	.053	88.26	2.60
SURGERY	17	17	987.40	58.08	.005	58.08	.27
PATHOLOGY	90	316	3,211.16	10.16	.086	35.68	.88
RADIOLOGY	105	121	8,328.71	68.83	.033	79.32	2.27
ROOM USE	281	348	13,866.52	39.85	.095	49.35	3.78
CROSSOVERS/ALL OTH OUTPINT	140	214	4,132.70	19.31	.058	29.52	1.13
@COUNTY HOSPITAL TOTAL	1	1	\$ 86.63	\$ 86.63	.000	\$ 86.63	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1		86.63	86.63	.000	86.63	.02
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1		86.63	86.63	.000	86.63	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 4,823
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR 185% F	PROGRAM	- INFANTS	AID CODES 47	69		
						MON	THLY AVERAC	E
3,668 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAF	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	401	1,274	\$	145,832.95	\$ 114.47	.347 \$	363.67	\$ 39.76
COMM HOSP INPATIENT TOTAL	27	63		105,861.24	1680.34	.017	3920.79	28.86
HSC HOSPITALS	22	53		96,650.00	1823.58	.014	4393.18	26.35
NON-HSC HOSPITALS TOTAL	6	10		9,211.24	921.12	.003	1535.21	2.51
ACCOMMODATIONS	6	10		3,709.84	370.98	.003	618.31	1.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	10		3,709.84	370.98	.003	618.31	1.01
ANCILLARIES	6	0		5,501.40	.00	.000	916.90	1.50
INPATIENT CROSSOVERS	0	0		•	.00	.000	.00	.00
	0	0		.00	.00		.00	.00
ALL OTHER INPATIENT						.000		
COMM HOSP OUTPATIENT TOTAL	383	1,211		39,971.71	33.01	.330	104.36	10.90
MEDICAL	108	196		9,531.85	48.63	.053	88.26	2.60
SURGERY	17	17		987.40	58.08	.005	58.08	.27
PATHOLOGY	90	316		3,211.16	10.16	.086	35.68	.88
RADIOLOGY	105	121		8,328.71	68.83	.033	79.32	2.27
ROOM USE	281	348		13,866.52	39.85	.095	49.35	3.78
CROSSOVERS/ALL OTH OUTPTNT	139	213		4,046.07	19.00	.058	29.11	1.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$		
HOSPITAL BASED	0	0	т.	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	8	15	\$	829.72	\$ 55.31	.004 \$		
HOSPITAL BASED	8	15	7	829.72	55.31	.004	103.72	.23
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	30	81	\$	1,391.56	\$ 17.18	.022 \$		
PATHOLOGY	30	81	۲	1,391.56	17.18	.022 \$	46.39	.38
XO AND OTHERS	0	0		•		.022	.00	.38
VO WIND OTHERS	U	U		.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	1 , 542	2 , 588 \$	358,266.31		.706 \$		
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	7	242.21	34.60	.002	121.11	.07
HEROIN DETOX CLINIC	0	0	242.21	.00	.000	121.11	.00
RURAL HEALTH CLINIC	1,541	2.581	358,024.10	138.72	.704	232.33	97.61
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DEC	C 2004	PAGE 4.824
MOP024 KINGS COUNTY	FEE-FOR-SERVICE	C/DENTAL		1.21 0111 1 011 0111	2001 111110 22	0 2001	03/14/05
KINGS COUNTY	SIIMMARY OF SERV	ICES FOR 185% PROGR	AM - INFANTS	AID CODES 4	7 69		03/11/03
KINGS COONII	SOMMAN OF SERV	TCES FOR 105% FROGR	AM INFANTS	AID CODES 4	MON'	תם של אוויים	CF
2 CCO ELICIDIES	USERS	INTER OF CEDITOR	EADENDIMIDEC	ATTEDACE COC			
3,668 ELIGIBLES	USERS	UNITS OF SERVICE					
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	34		7,400.46		·	217.66	
DURABLE MED. EQUIP.	5	6	457.41	76.24 .00	.002	91.48	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00 231.44	.00
MEDICAL TRANSPORTATION	30	0 0 1,020	6,943.05	6.81	.278		
AMBULANCES/AIR TRANS	30		6,943.05	6.81	.278	231.44	1.89
OTHER TRANS	0	0	.00	0.0	000	0.0	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00		.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.000	.00	.00
THMC MODEL - NE NE AIDS MSSP	0	0	.00		.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.000	.00	.00
OPTICIAN	0	0	.00		000	.00	.00
DUVCTCAL THEDADICT	0	0	.00		.000	.00	.00
DODUNDIE V-DAV	0	0	.00		.000	.00	.00
DDOCMIEMICM /ODMIOMICMC	0	0			.000	.00	.00
ACUPUNCTURE ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	000000000000000000000000000000000000000	.00		.000	.00	
PROSTHETICS	U	U	.00		.000	.00	.00
ORTHOTICS	0	0	.00		.000	.00	.00
PSYCHOLOGIST	0	0	.00		.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.000	.00	.00
HOSPICE SERVICES	0	0	.00		.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00
RESPIRATORY CARE PRACT.	0	0	.00		.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*		325 \$.00 57,570.67	\$ 177.14	.089 \$	1308.42	\$ 15.70
@XOVER EXCLUDING STATE HOSP*:	* 0	0 \$.00	\$.00	.000 \$.00	\$.00
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION ITEM					
THE AMOUNTS ARE ALREADY IN							
** THESE DATA ARE INCLUDED							
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES		REPORT FOR JAN	2004 THRU DEC	C 2004	PAGE 4.825
MOP024	FEE-FOR-SERVICE			INDI OTNI I OTN OTT	2001 IIII(O DE	0 2001	03/14/05
		ICES FOR 185% PROGR	AM - PRECNANT	AID CODES 44 4	8 49		03/11/03
KINGS COONII	DOIMING OF BEIN	TODO TON 1000 INCON		IIID CODED II I	MON'	תם של אוויים	CF
2,794 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE COS	T UNITS/DAYS		COST PER
2,754 66161665	OSEIG	OR DAYS OF CARE	EXIENDITORES		Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,735	14,954 \$	1,957,339.92		5.352 \$		
- ,							
@PHYSICIANS SERVICES	1,165	4,343 \$	260,401.30	•	1.554 \$		
OUTPATIENT VISITS	657	2,210	72,105.60		.791	109.75	25.81
OFFICE VISITS	70	92	2,941.86		.033	42.03	1.05
HOME VISITS	0	110	.00		.000	.00	.00
EMERGENCY ROOM	100	110	7,741.58	70.38	.039	77.42	2.77

PREVENTIVE CARE	0	0	.00	.00	.00	С	.00	.00
OB VISITS/COMPRE PERI	521	2,006	61,329.29	30.57	.71	3	117.71	21.95
OTHER OUTPATIENT	2	2	92.87	46.44	.00	1	46.44	.03
INPATIENT VISITS	144	351	26,102.58	74.37	.12	6	181.27	9.34
HOSPITAL VISITS	133	213	10,000.72	46.95	.07	6	75.19	3.58
CRITICAL CARE	14	138	16,101.86	116.68	.04	9	1150.13	5.76
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.00	С	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.00	С	.00	.00
EXAMINATIONS	0	0	.00	.00	.00	С	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.00	С	.00	.00
INPATIENT HOSPITAL SURGERY	276	867	128,778.90	148.53	.31	С	466.59	46.09
PRINCIPAL SURGEON	195	200	109,757.49	548.79	.07	2	562.86	39.28
ASSISTANT SURGEON	48	48	8,952.00	186.50	.01	7	186.50	3.20
ANESTHESIOLOGIST	68	619	10,069.41	16.27	.22	2	148.08	3.60
OUTPATIENT SURGERY	47	105	5,038.74	47.99	.03	3	107.21	1.80
PRINCIPAL SURGEON	40	51	3,985.32	78.14	.01	3	99.63	1.43
ASSISTANT SURGEON	0	0	.00	.00	.00	С	.00	.00
ANESTHESIOLOGIST	12	54	1,053.42	19.51	.01	9	87.79	.38
DIALYSIS	0	0	.00	.00	.00	С	.00	.00
PATHOLOGY	213	360	5,464.03	15.18	.12	9	25.65	1.96
RADIOLOGY	242	302	17,244.85	57.10	.10	3	71.26	6.17
PSYCHIATRY	0	0	.00	.00	.00	С	.00	.00
IMMUNIZATION AND INJECTION	18	20	1,134.31	56.72	.00	7	63.02	.41
OTHER SERVICES/ALL X-OVERS	95	128	4,532.29	35.41	.04	6	47.71	1.62
@PHARMACY	873	1,856	\$ 50,345.81	\$ 27.13	.66	4	\$ 57.67	\$ 18.02
PRESCRIPTION DRUGS	821	1,699	42,237.04	24.86	.60	3	51.45	15.12
SNF/ICF	0	0	.00	.00	.00	С	.00	.00
OUTPATIENTS	821	1,699	42,237.04	24.86	.60	3	51.45	15.12
MEDICAL SUPPLIES	85	157	8,108.77	51.65	.05	6	95.40	2.90
@DENTIST	4	12	\$ 10.00	\$.83	.00	4	\$ 2.50	\$.00
VISITS - DIAGNOSTIC	3	8	10.00	1.25	.00	3	3.33	.00
ORAL SURGERY	0	0	.00	.00	.00	С	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	4		.00		.00	.001		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	-	CES AND EXPENDITU	IDEC MON		FDOD			חבר		D	AGE 4,826
MOP024	FEE-FOR-SERVICE		IKES MON	III OF FAIRENI N	EFOR.	I FOR UAN	2004 11110		. 2004	Ε.	03/14/05
KINGS COUNTY		IDENTAL ICES FOR 185% F	DOCDAM	_ DDECNAME A	TD C	DDES 44 48	10				03/14/03
KINGS COUNTI	SUMMARI OF SERV	ICES FOR 105% F	ROGRAM	- FREGNANT A.	ID C	JDE3 44 40	M	∩nım	ת משני א דווו	CE	
2 704 ELICIPIES	HOEDO	INTEC OF CEDITO	NT	EXPENDIMIDEC	70 5 71						
2,794 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
A O DECMEED TOE	0	OR DAYS OF CAR		0.0		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	65	92	\$	4,691.19	\$	50.99	.033	\$	72.17	\$	1.68
NURSE ANESTHESIST	28	118	\$	3,174.09	\$	26.90	.042	\$	113.36	\$	1.14
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	728	2,901	\$			429.14		\$	1710.09		445.58
HOSP INPATIENT TOTAL	289	1,036	·	1,194,541.44		1153.03	.371		4133.36		427.54
HSC HOSPITALS	26	153		244,639.08		1598.95	.055		9409.20		87.56
NON-HSC HOSPITAL TOTAL	264	883		949,902.36		1075.77	.316		3598.12		339.98
ACCOMMODATIONS	264	883		422,599.92		478.60	.316		1600.76		151.25
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	264	883		422,599.92		478.60	.316		1600.76		151.25
ANCILLARIES	263	0		527,302.44		.00	.000		2004.95		188.73
	203	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0									
				.00		.00	.000		.00 97.87		.00
HOSP OUTPATIENT TOTAL	515	1,865		50,405.58		27.03	.668				18.04
MEDICAL	72	97		3,696.22		38.11	.035		51.34		1.32
SURGERY	96	111		4,392.59		39.57	.040		45.76		1.57
PATHOLOGY	279	894		11,385.91		12.74	.320		40.81		4.08
RADIOLOGY	105	127		10,423.52		82.07	.045		99.27		3.73
ROOM USE	255	355		15,922.29		44.85	.127		62.44		5.70
CROSSOVERS/ALL OTH OUTPTNT		281		4,585.05		16.32	.101		31.84		1.64
@COUNTY HOSPITAL TOTAL	1	5	\$	80.21	\$	16.04	.002	\$	80.21	\$.03
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

	0	0		0.0		0.0	0.00		0.0		0.0
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	5		80.21		16.04	.002		80.21		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		15.64		7.82	.001		15.64		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		36.35		36.35	.000		36.35		.01
CROSSOVERS/ALL OTH OUTPINT	1	2		28.22		14.11	.001		28.22		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES MON	TH-OF-PAYMENT R	REPORT F	OR JAN 2	2004 THRU	DEC	2004	P.	AGE 4,827
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
KINGS COUNTY		/ICES FOR 185% F	ROGRAM	- PREGNANT A	AID CODE	S 44 48	49				
							M	ОИТ	HLY AVERA	GE	
2,794 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERA	GE COST	UNITS/DAY				COST PER
,		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	727 289	2,896	. Š	1,244,866.81	\$ 4				1712.33		
COMM HOSP INPATIENT TOTAL	289	1,036	т	1,194,541.44			.371	т	4133.36	Τ.	427.54
HSC HOSPITALS	26	153		244,639.08	15	98 95	.055		9409.20		87.56
NON-HSC HOSPITALS TOTAL	264	883		949,902.36	10	75 77	.316		3598.12		339.98
ACCOMMODATIONS	264 264	883		422,599.92	11 15 10 4	70 60	.316		1600.76		151.25
ACCOMMODATIONS ADMINISTRATIVE DAYS	204	000		.00	4	70.00	.000		.00		.00
TRANSITIONAL IP CARE	•	0		.00		.00	.000		.00		.00
	0 264	883		422,599.92	4	70 (0	.316		1600.76		151.25
ALL OTHER ACCOM	263	0		422,399.92	4	78.60					181.25
ANCILLARIES	∠63 0	0		527,302.44		.00	.000		2004.95		
INPATIENT CROSSOVERS	•	•		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	514	1,860		50,325.37		27.06	.666		97.91		18.01
MEDICAL	72	97		3,696.22		38.11	.035		51.34		1.32
SURGERY	96	111		4,392.59		39.57	.040		45.76		1.57
PATHOLOGY	278	892		11,370.27		12.75	.319		40.90		4.07
RADIOLOGY	105	127		10,423.52		82.07	.045		99.27		3.73
ROOM USE	254	354		15,885.94		44.88	.127		62.54		5.69
CROSSOVERS/ALL OTH OUTPTNT		279		4,556.83		16.33	.100		31.87		1.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	-	.00	.000		.00		.00
	•			0.0		0.0	0.00		0.0		0.0

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

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@REHABILITATION FACILITY	0		0 \$.0	0 \$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	.0		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0	.0		.00	.000		.00		.00
@LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	766	1,8	70 S	30,060.2	1 \$	16.07	.669			Ś	10.76
PATHOLOGY	761	1,8		29,762.7		15.96	.668		39.11		10.65
XO AND OTHERS	5			297 5	Λ	59 50	.002		59.50		.11
AORCANIZED OUTPATTENT CLINIC	957	2,83	39 5	339,433.9	0 8 \$	119 56		Ġ	354.69	Ś	
		2,0	10	227.4	2	22.74	.004	Y	32.49	Ÿ	.08
SURGICENTER	, 0	•	0	.0		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0	.0		.00	.000		.00		.00
RURAL HEALTH CLINIC	050	2,82		339,206.5			1.013				121.41
#CALIF DEPT OF HEALTH SERV	7 0 0 950 MEDI-CAL SERVIC									D7	AGE 4,828
MOP024	FEE-FOR-SERVICE		DITURES	MONTH-OF-PAIMENT	REPUR	RI FOR JAN 2	2004 INKU	DEC	2004	PF	03/14/05
			- 0 DD00F		3.TD (20000 44 40	4.0				03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR 18:	0% PROGE	RAM - PREGNANT	AID (JODES 44 48				C.E.	
2 704 FLIGIBLES	HORDO		N		2.5	7ED3 CE COCE	M				
2,794 ELIGIBLES	USERS			EXPENDITURE							COST PER
		OR DAYS OF				ER UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1/1	92	23 \$	24,276.3		26.30	.330	\$		Ş	8.69
DURABLE MED. EQUIP.	Ü		0	.0		.00	.000		.00		.00
BLOOD BANK	0		0	.0		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0	.0 10,432.7	0	.00	.000		.00 274.54		.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	38	78	38	10,432.7			.282		274.54		
AMBULANCES/AIR TRANS	38	78	34	6,812.9		8.69	.281		179.29		2.44
OTHER TRANS	0		0	.0		.00	.000		.00		.00
OTHER SERVICES	4		4	3,619.7	6	904.94	.001		904.94		1.30
ACUPUNCTURE	0		0	.0	0	.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0	.0 .0 13,125.0	0	.00	.000		.00		.00
GENETIC DISEASE TESTING	125	12	25	13,125.0	0	105.00	.045		105.00		4.70
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0 0 125 0	1:	0	.0	0	.00	.000		105.00		.00
OCCUPATIONAL THERAPIST	0		0	.0	0	.00	.000		.00		.00
OPTICIAN	0		0	.0		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0	.0	Ο	.00	.000		.00		.00
PORTABLE X-RAY	0		0	.0 .0 .0 .0 .0 718.6	0	0.0					.00
PROSTHETIST/ORTHOTISTS	8		LÕ	718.6	2	.00 71.86	.000		89.83		.26
PROSTHETICS	8		LO	718.6	2	71.86	.004		89.83		.26
ORTHOTICS	0		0	.0		.00	.000		.00		.00
PSYCHOLOGIST	0		0	.0		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0	.0		.00					.00
HOSDICE SERVICES	0		0	.0		.00	.000		.00		.00
NONINGT BIRTHING CENTERS	0		0	.0		.00	.000				.00
LOCAL EDUCATION ACENCIES	0		0	.0		.00	.000		.00		.00
FDODT CUIDDLEMENTAL CEDULCE	0		0	.0		.00	000		0.0		.00
PECDIDAMODA CADE DDACE	0		0	.0		.00	.000		.00		.00
RESPIRATORI CARE PRACI.	0		0	.0			.000		.00		.00
PED SUBACUTE REHAB/WEANING	0		0			.00	.000				.00
1122 0111211 1110 1122110	12			.0		.00	.000	Ċ	.00	Ċ	
@CALIF. CHILDREN SERVICES*			0 \$	107,365.2		536.83			8947.10		38.43
@XOVER EXCLUDING STATE HOSP**		AME THEODIAN		.0	U \$.00	.000	Þ	.00	Ş	.00
@* TOTALS IN THESE LINES ARE											
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I					DEDCE	DE EOD	0004 57757	DE ~	2004		A 000
#CALIF DEPT OF HEALTH SERV			DITURES	MONTH-OF-PAYMENT	KEPOF	KT FOR JAN 2	2004 THRÜ	DEC	∠004	PP	AGE 4,829
MOP024	FEE-FOR-SERVICE		D311 D5			3 TD	7.6				03/14/05
KINGS COUNTY	SUMMARY OF SERV	LICES FOR 60.	-DAY POS	ST PARTUM PROGRAM		AID CODE		011=-		C -	
0.6					a ==		M			-	
26 ELIGIBLES	USERS	UNITS OF SEI		EXPENDITURE		VERAGE COST			COST PER		COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

	0.0	260	ć	17 752 05	Ċ	40.04	1 4 1 5 4	ė 1	01 1 -	Ċ	600 01
@TOTAL, ALL PROVIDERS	98	368	\$	17,753.05	\$	48.24	14.154		81.15		682.81
@PHYSICIANS SERVICES	38	91	\$	3,518.39	\$	38.66	3.500		92.59	\$	135.32
OUTPATIENT VISITS	24	51		1,233.51		24.19	1.962		51.40		47.44
OFFICE VISITS	7	8		172.20		21.53	.308		24.60		6.62
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	5	5		377.24		75.45	.192		75.45		14.51
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	12	38		684.07		18.00	1.462		57.01		26.31
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	3	5		274.83		54.97	.192		91.61		10.57
HOSPITAL VISITS	3	5		274.83		54.97	.192		91.61		10.57
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	Ô		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	7		672.04		96.01	.269	6	72.04		25.85
PRINCIPAL SURGEON	1	, 1		544.28		544.28	.038		44.28		20.93
	0	0						J			
ASSISTANT SURGEON	0	0		.00		.00	.000	1	.00		.00
ANESTHESIOLOGIST	1	6		127.76		21.29	.231		27.76		4.91
OUTPATIENT SURGERY	4	5		709.03		141.81	.192		77.26		27.27
PRINCIPAL SURGEON	3	4		679.17		169.79	.154	2	26.39		26.12
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	1		29.86		29.86	.038		29.86		1.15
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	8	8		184.79		23.10	.308		23.10		7.11
RADIOLOGY	2	2		17.14		8.57	.077		8.57		.66
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	4		193.40		48.35	.154		48.35		7.44
OTHER SERVICES/ALL X-OVERS	6	9		233.65		25.96	.346		38.94		8.99
@PHARMACY	11	85	\$	486.01	\$	5.72	3.269		44.18	\$	18.69
PRESCRIPTION DRUGS	7	11	·	433.71	·	39.43	.423		61.96		16.68
SNF/ICF	0			.00		.00	.000		.00		.00
OUTPATIENTS	7	11		433.71		39.43	.423		61.96		16.68
MEDICAL SUPPLIES	, 4	74		52.30		.71	2.846		13.08		2.01
@DENTIST	0	0	\$.00	\$.00	.000		.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	Y	.00	۲	.00	.000	۲	.00	Y	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0							.00		
DRUGS	0	0		.00		.00	.000				.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	U	U		.00		.00	.000		.00		.00
ENDODONTICS	U	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT					P.A	AGE 4,830
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY		ICES FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE	76				, , 00
111100 0001111	SOUTH OF SHIP	ICLO ICIN OU DAI	- 001	1111/1011 11/001/11/1		1112 0000	MC	утнти	AVERA	GE -	
26 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z17⊑	RACE COST	UNITS/DAYS				COST PER
20 511610103	CVITICO	OR DAYS OF CARE		TVLTUDIIOVÇQ			PER ELIG		SER		ELIGIBLE
		ON DAIS OF CARE	ı		růř	CONTI/DAI	LEV EPIG	U	NHV.	1	TITGIDLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 91.38	\$ 45.69	.077	\$ 91.38	\$ 3.51
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	14	60	\$ 4,094.68	\$ 68.24	2.308	\$ 292.48	\$ 157.49
HOSP INPATIENT TOTAL	2	3	2,725.14	908.38	.115	1362.57	104.81
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	3	2,725.14	908.38	.115	1362.57	104.81
ACCOMMODATIONS	2	3	733.46	244.49	.115	366.73	28.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	733.46	244.49	.115	366.73	28.21
ANCILLARIES	2	0	1,991.68	.00	.000	995.84	76.60
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	57	1,369.54	24.03	2.192	114.13	52.67
MEDICAL	2	3	149.39	49.80	.115	74.70	5.75
SURGERY	1	1	82.10	82.10	.038	82.10	3.16
PATHOLOGY	6	17	176.81	10.40	.654	29.47	6.80

RADIOLOGY	2	2	111.12	55.56	.077	55.56	4.27
ROOM USE	7	13	652.17	50.17	.500	93.17	25.08
CROSSOVERS/ALL OTH OUTPTNT	4	21	197.95	9.43	.808	49.49	7.61
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN 200)4 THRU DE	C 2004	PAGE 4,831
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	60-DAY POS	ST PARTUM PROGRAM	AID CODE 76	5		
					MON	THLY AVERAG	E

					MC	NTHLY AVERA	GE: -	
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	60	\$ 4,094.68	\$ 68.24	2.308	\$ 292.48	\$	157.49
COMM HOSP INPATIENT TOTAL	2	3	2,725.14	908.38	.115	1362.57		104.81
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	2	3	2,725.14	908.38	.115	1362.57		104.81
ACCOMMODATIONS	2	3	733.46	244.49	.115	366.73		28.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	3	733.46	244.49	.115	366.73		28.21
ANCILLARIES	2	0	1,991.68	.00	.000	995.84		76.60
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	12	57	1,369.54	24.03	2.192	114.13		52.67
MEDICAL	2	3	149.39	49.80	.115	74.70		5.75
SURGERY	1	1	82.10	82.10	.038	82.10		3.16
PATHOLOGY	6	17	176.81	10.40	.654	29.47		6.80
RADIOLOGY	2	2	111.12	55.56	.077	55.56		4.27
ROOM USE	7	13	652.17	50.17	.500	93.17		25.08
CROSSOVERS/ALL OTH OUTPTNT	4	21	197.95	9.43	.808	49.49		7.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	25	62	\$	1,755.20	\$	28.31	2.385	\$	70.21	\$	67.51
PATHOLOGY	25	62		1,755.20		28.31	2.385		70.21		67.51
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	42	67	\$	7,702.39	\$	114.96	2.577	\$	183.39	\$	296.25
CLINIC	1	7		133.20		19.03	.269		133.20		5.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	41	60		7,569.19		126.15	2.308		184.61		291.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	RES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 4,832
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE	Ξ 76				
							N	TUON	HLY AVERA	.GE	

						TLI AVERAGE	
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	105.00	\$ 105.00	.038 \$	105.00	4.04
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.038	105.00	4.04
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $[\]emptyset^\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,833 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

KINGS COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

6,488 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS			COST PER
OHOHAT ALL PROLITRING	F 000	OR DAYS OF CARE		0 642 707 40	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5,280	24,718	\$	2,643,787.48	\$ 106.96	3.810	\$ 500.72		407.49
@PHYSICIANS SERVICES	1,759	5,552	\$	308,184.23	\$ 55.51	.856		Ş	47.50
OUTPATIENT VISITS	1,078 244	2 , 777 327		95,008.92 10,197.58	34.21 31.19	.428 .050	88.13 41.79		14.64 1.57
OFFICE VISITS	∠44 0	327		•	.00	.000	.00		
HOME VISITS				.00					.00
EMERGENCY ROOM	324 4	362 4		21,358.89 149.40	59.00 37.35	.056 .001	65.92 37.35		3.29 .02
PREVENTIVE CARE	533				30.34	.315	116.35		9.56
OB VISITS/COMPRE PERI	32	2,044 40		62,013.36		.006			
OTHER OUTPATIENT	32 197	479		1,289.69 33,560.40	32.24 70.06	.074	40.30 170.36		.20 5.17
INPATIENT VISITS	183	318			49.16	.049	85.43		2.41
HOSPITAL VISITS	18	161		15,634.31	111.34	.025	995.89		2.41
CRITICAL CARE	18	0		17,926.09	.00	.025			
SNF/ICF/TRANS IP CARE	1			.00 70.93		.000	.00 70.93		.00
OPHTHALMOLOGICAL SERVICES	1	2 2			35.47 35.47				.01
EXAMINATIONS	0	0		70.93		.000	70.93		.01
SERVICES AND MATERIALS	-			131,697.24	.00	.139			
INPATIENT HOSPITAL SURGERY	286 201	901 206			146.17 542.98		460.48		20.30 17.24
PRINCIPAL SURGEON	48	206 48		111,852.96		.032	556.48		1.38
ASSISTANT SURGEON				8,952.00	186.50		186.50		
ANESTHESIOLOGIST	73 71	647 193		10,892.28	16.84	.100	149.21		1.68
OUTPATIENT SURGERY	7 I 5 4	70		9,689.50	50.20	.030	136.47		1.49
PRINCIPAL SURGEON	0	0		6,980.05	99.72	.011	129.26		1.08
ASSISTANT SURGEON	25			.00	.00	.000	.00		.00
ANESTHESIOLOGIST	25	123		2,709.45	22.03	.019	108.38		.42
DIALYSIS	-			.00	.00		.00		.00
PATHOLOGY	230 348	384 444		5,772.78	15.03	.059	25.10		.89
RADIOLOGY PSYCHIATRY	348	444		20,336.84	45.80 .00	.068 .000	58.44		3.13
	25	33		1,408.71	42.69	.005	56.35		.22
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	235	339		· · · · · · · · · · · · · · · · · · ·	31.38	.052	45.27		1.64
@PHARMACY	2 , 129	5 , 200	\$	10,638.91 159,730.37	\$ 30.72	.801		ċ	24.62
PRESCRIPTION DRUGS	2,129	4,820	Ą	144,448.04	29.97	.743	70.53	Ą	22.26
	2,040	4,020		.00	.00	.000	.00		.00
SNF/ICF OUTPATIENTS	2,048	4,820		144,448.04	29.97	.743	70.53		22.26
MEDICAL SUPPLIES	188	380		15,282.33	40.22	.059	81.29		2.36
@DENTIST	7	25	\$	551.07	\$ 22.04	.004		Ċ	.08
VISITS - DIAGNOSTIC	6	17	Y	203.00	11.94	.003	33.83	Y	.03
ORAL SURGERY	1	1		100.00	100.00	.000	100.00		.02
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	3	6		150.00	25.00	.001	50.00		.02
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1		98.07	98.07	.000	98.07		.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00		.00
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,834 FEE-FOR-SERVICE/DENTAL MOP024

KINGS COUNTY	SUMMARY OF SERVICES FOR	185% AND 60-DAY PP TOTAL,	CODES 44 47 48 49 69 76

03/14/05

----- MONTHLY AVERAGE -----

6 400							N				~~~~
6,488 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
	2	OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@OPTOMETRIST		2	\$	58.86	\$.000	\$		\$.01
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.000		47.45		.01
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0 1 0	1		11.41		11.41	.000		11.41		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	·	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY NURSE ANESTHESIST	75	113	\$	5 906 43	Ś	52.27		Ś	78.75	Ś	.91
NURSE ANESTHESIST	28	118	\$	5,906.43 3,174.09	Ś	26.90	.018		113.36		.49
NURSE MIDWIFE	0	0		.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$.00	.000		.00		.00
PEDIAIRIC NURSE PRACILITIONER	0	0	ې د	.00	ې خ	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0 0 1,144 318	4 226	ې د	.00 1,394,961.28 1,303,127.82	ې خ	.00	.000	Ģ	1219.37	ې د	
@TOTAL HOSPITAL	1,144	4,236 1,102	Ş	1,394,961.28	Ş	329.31		Ş		Þ	215.01
HOSP INPATIENT TOTAL	318	1,102		1,303,127.82		1182.51	.170		4097.89		200.85
HSC HOSPITALS	48 272	206		341,289.08		1656.74	.032		7110.19		52.60
		896		961,838.74		1073.48	.138		3536.17		148.25
ACCOMMODATIONS	272	896		427,043.22		1182.51 1656.74 1073.48 476.61	.138		1570.01		65.82
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0 272 271	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	272	896		427,043.22		476.61	.138		1570.01		65.82
ANCILLARIES		0		534,795.52 .00 .00		.00 476.61 .00	.000		1570.01 1973.42		82.43
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	911	3,134		91,833.46		29.30	.483		.00 100.81		14.15
MEDICAL	182	296		13,377.46		45.19	.046		73.50		2.06
SURGERY	114	129		5,462.09		42.34	.020		47.91		.84
PATHOLOGY	375	1,227		14,773.88		12.04	.189		39.40		2.28
RADIOLOGY	212	250		18,863.35		75.45	.039		88.98		2.91
ROOM USE	543	716		30,440.98		.00 29.30 45.19 42.34 12.04 75.45 42.52 17.28	.110		56.06		4.69
CDOCCOVEDC/ALL OHI OURDRAIN	200	516		8,915.70		17.28	.080		30.96		1.37
@COUNTY HOSPITAL TOTAL	2 0 0	6	\$	166.84	\$	27.81	.001	Ś	83.42	Ś	.03
CO HOSPITAL INPATIENT TOTAL	0	0	7	.00	т	.00	.000	-T	.00	7	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DATS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0									
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	U	0		.00		.00			.00		.00
INPATIENT CROSSOVERS	0 0 0 0 0 0 0 0 0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ü	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	6		166.84		27.81	.001		83.42		.03
		0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		15.64		7.82	.000		15.64		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.35	36.35	.000	36.35	.01
CROSSOVERS/ALL OTH OUTPINT	2	3	114.85	38.28	.000	57.43	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	04 THRU DE	C 2004	PAGE 4,835
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES F	OR 185% AND 6	60-DAY PP TOTAL, CODES 44	4 47 48 49	69 76		

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						MC	NTHLY AVERA	AGE ·	
6,488 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	1	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,142	4,230	\$	1,394,794.44	\$ 329.74	.652	\$ 1221.36	\$	214.98
COMM HOSP INPATIENT TOTAL	318	1,102		1,303,127.82	1182.51	.170	4097.89		200.85
HSC HOSPITALS	48	206		341,289.08	1656.74	.032	7110.19		52.60
NON-HSC HOSPITALS TOTAL	272	896		961,838.74	1073.48	.138	3536.17		148.25
ACCOMMODATIONS	272	896		427,043.22	476.61	.138	1570.01		65.82
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	272	896		427,043.22	476.61	.138	1570.01		65.82
ANCILLARIES	271	0		534,795.52	.00	.000	1973.42		82.43
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	909	3,128		91,666.62	29.31	.482	100.84		14.13
MEDICAL	182	296		13,377.46	45.19	.046	73.50		2.06
SURGERY	114	129		5,462.09	42.34	.020	47.91		.84
PATHOLOGY	374	1,225		14,758.24	12.05	.189	39.46		2.27
RADIOLOGY	212	250		18,863.35	75.45	.039	88.98		2.91
ROOM USE	542	715		30,404.63	42.52	.110	56.10		4.69
CROSSOVERS/ALL OTH OUTPINT	286	513		8,800.85	17.16	.079	30.77		1.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	8	15	\$	829.72	\$	55.31	.002	\$	103.72	\$.13
HOSPITAL BASED	8	15		829.72		55.31	.002		103.72		.13
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	821	2,013	\$	33 , 206.97	\$	16.50	.310	\$	40.45	\$	5.12
PATHOLOGY	816	2,008		32,909.47		16.39	.309		40.33		5.07
XO AND OTHERS	5	5		297.50		59.50	.001		59.50		.05
@ORGANIZED OUTPATIENT CLINIC	2,541	5 , 494	\$	705,402.68	\$	128.40	.847	\$	277.61	\$	108.72
CLINIC	8	17		360.62		21.21	.003		45.08		.06
SURGICENTER	2	7		242.21		34.60	.001		121.11		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,532	5 , 470		704,799.85		128.85	.843		278.36		108.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DEC	2004	P	AGE 4,836
MOP024	FEE-FOR-SERVICE/DEN	ΓAL									03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

KINGS COOKII	SOMMAN OF SEN	VICES FOR 1058 AND 00	DAI II IOIAL, COI	JED 44 47 40 4.		miii	CE
C 400 FITCIPIES	HORDO	INTEG OF SERVICE		317D3 CD COCE		THLY AVERA	
6,488 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0	0.0.6	OR DAYS OF CARE	21 521 52	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	206	1,950 \$	31,781.78	\$ 16.30	.301 \$		•
DURABLE MED. EQUIP.	5	6	457.41	76.24	.001	91.48	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	68	1,808	17,375.75	9.61	.279	255.53	2.68
AMBULANCES/AIR TRANS	68	1,804	13,755.99	7.63	.278	202.29	2.12
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	3 , 619.76	904.94	.001	904.94	.56
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	126	126	13,230.00	105.00	.019	105.00	2.04
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	10	718.62	71.86	.002	89.83	.11
PROSTHETICS	8	10	718.62	71.86	.002	89.83	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ŭ		• • • •				. 3 0

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	56	525	\$ 164,935.90	\$ 314.16	.081	\$ 2945.28	\$ 25.42
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,837 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----891 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 443,313.79 \$ 10.40 10,140.24 \$ 10.92 @TOTAL, ALL PROVIDERS 878 42,619 \$ \$ 10.40 47.833 \$ 504.91 \$ 497.55 214 @PHYSICIANS SERVICES 929 Ś 1.043 \$ 47.38 \$ 11.38 1 .001 OUTPATIENT VISITS 1 37.50 37.50 37.50 .04 OFFICE VISITS 1 37.50 37.50 .001 37.50 .04 HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 .00 0 0 .00 PREVENTIVE CARE .000 .00 OB VISITS/COMPRE PERI .00 0 .000 .00 .00 .00 .000 OTHER OUTPATIENT . 00 .00 INPATIENT VISITS .000 .00 .00 HOSPITAL VISITS .000 .00 .00 .00 .00 CRITICAL CARE .000 . 00 .00 .00 6.01CR 6.01CR 0 1CR 1CR SNF/ICF/TRANS IP CARE .000 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .00 .001CR .01CR .001CR .00 EXAMINATIONS .01CR 0 .00 .00 .000 . 00 SERVICES AND MATERIALS 0 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .00 .00 Ω .00 ASSISTANT SURGEON . 00 Ω .000 .00 .00 ANESTHESIOLOGIST .00 OUTPATIENT SURGERY .00 Ω .00 PRINCIPAL SURGEON . 00 Ω .00 .00 . 00 ASSISTANT SURGEON 0 0 1 1 1 0 0 1 40 212 887 37,390 3,798 100 .00 .00 5.73 .00 ANESTHESIOLOGIST .00 .00 DIALYSIS .00 5.73 .01 PATHOLOGY 8.57 8.57 . 01 RADIOLOGY .00 .00 .00 PSYCHIATRY 512.06 .57 512.06 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 9,582.39 10.80 .996 45.20 10.75 41.964 \$ 381.97 \$ @PHARMACY 292,971.19 \$ 7.84 328.81 278,799.98 6.084.58 73.41 4.263 369.76 312.91 PRESCRIPTION DRUGS 507.05 SNF/ICF 100 6,084.58 60.85 .112 6.83 4.150 744 73.75 366.55 3,698 272,715.40 306.08 OUTPATIENTS MEDICAL SUPPLIES 159 33,592 14,171.21 .42 37.701 89.13 15.90 131 .147 \$ 211.03 \$ 38 8,019.00 \$ 61.21 @DENTIST 9.00 84 2.4 1,063.00 12.65 .094 44.29 VISITS - DIAGNOSTIC 1.19 .00 .00 .017 4 1.5 84.33 316.25 1.42 ORAL SURGERY 1,265.00 0 0 .00 .000 .00 .00 DRUGS .00 Ω 0 .00 .000 .00 . 00 ANESTHESTA .001 118.00 118.00 118.00 PERIODONTICS 6 14 905.00 150.83 1,845.00 131.79 181.00 .007 ENDODONTICS 1.02 130.83 230.63 .016 RESTORATIVE DENTISTRY 2 07 .000 .00 PROSTHETICS 0 .00 . 0.0 . 00

DENTURES, STAYPLATES	6	11	2,823.00	256.64	.012	470.50	3.17
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 4,838
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR TITLE II D	ISREGARD - AGED	AID CODE	16		

KINGS COUNTY	SUMMARY OF SERV	VICES FOR	TITLE I	I DI	SREGARD - AGED		AID CODE	16				00/ 11/ 00
								Mo	INC	THLY AVERA	GE	
891 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	18		46	\$	855.88	\$	18.61	.052	\$	47.55	\$.96
DIAGNOSTIC AND ANC. PROCED	\cap		0		.00		.00	.000		.00		.00
EYE APPLIANCES	16		44		780.75		17.74	.049		48.80		.88
OTHER OPTOMETRIC SERVICES	2		2		75.13		37.57	.002		37.57		.08
@CHIROPRACTOR	16 2 0 0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	7		10	\$	68.65	\$	6.87	.011	\$	9.81	\$.08
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	7		10		68.65		6.87	.011		9.81		.08
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	86		293	\$			79.07	.329	\$	269.38	\$	26.00
HOSP INPATIENT TOTAL	23		2		19,880.86		9940.43	.002		864.39		22.31
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		2 2		1,337.89		668.95	.002		1337.89		1.50
ACCOMMODATIONS	1		2		801.90		400.95	.002		801.90		.90
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		2		801.90		400.95	.002		801.90		.90
ANCILLARIES	1		0		535.99		.00	.000		535.99		.60
INPATIENT CROSSOVERS	22		0		18,542.97		.00	.000		842.86		20.81
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	65		291		3,285.57		11.29	.327		50.55		3.69
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	4		8		67.77		8.47	.009		16.94		.08
RADIOLOGY	1		1		22.86		22.86	.001		22.86		.03
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			282	_	3,194.94	_	11.33	.316	_	52.38	_	3.59
@COUNTY HOSPITAL TOTAL	0		0	\$		\$.00	.000	Ş		Ş	.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES I	MONTH-OF-PAYMENT REPORT	FOR JAN 20	04 THRU DEC	2004	PAGE 4,839
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICE	S FOR TITLE II D	ISREGARD - AGED	AID CODE 1	6		
				_	MONT	HLY AVERAG	E
891 FLICIBLES	HIGERG IIN	TTS OF SERVICE	EXDENDITIBES AVE	PACE COST II	NTTC/DAVC	COST DEB	COST DER

					MO	NTHLY AVERA	AGE	
891 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	86	293	\$ 23,166.43	\$ 79.07	.329	\$ 269.38	\$	26.00
COMM HOSP INPATIENT TOTAL	23	2	19,880.86	9940.43	.002	864.39		22.31
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	2	1,337.89	668.95	.002	1337.89		1.50
ACCOMMODATIONS	1	2	801.90	400.95	.002	801.90		.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	2	801.90	400.95	.002	801.90		.90
ANCILLARIES	1	0	535.99	.00	.000	535.99		.60
INPATIENT CROSSOVERS	22	0	18,542.97	.00	.000	842.86		20.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	65	291	3,285.57	11.29	.327	50.55		3.69
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	4	8	67.77	8.47	.009	16.94		.08
RADIOLOGY	1	1	22.86	22.86	.001	22.86		.03
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	61	282	3,194.94	11.33	.316	52.38		3.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	16	382	\$ 52,081.16	\$ 136.34	.429	\$ 3255.07	\$	58.45
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	16	382	52,081.16	136.34	.429	3255.07		58.45
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	11	14	\$ 6,329.25	\$ 452.09	.016	\$ 575.39	\$	7.10
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	11	14	6,329.25	452.09	.016	575.39		7.10
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER	255 0 9	427 0 15	\$	17,131.33 .00 1,040.32	\$	40.12 .00 69.35	.479 .000 .017	\$	67.18 .00 115.59	\$	19.23 .00 1.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	247	412		16,091.01		39.06	.462		65.15		18.06
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT R	REPORT	' FOR JAN	2004 THRU	DEC 2	2004	F	PAGE 4,840
MOP024	FEE-FOR-SERVICE	•									03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR TITLE 1	II D	ISREGARD - AGED		AID CODE					
							Mo			-	
891 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		OST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	195	2 , 997	\$	32 , 550.66	\$	10.86	3.364	\$	166.93	\$	
DURABLE MED. EQUIP.	3	3		216.79		72.26	.003		72.26		.24
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	7	10		1,836.57		183.66	.011		262.37		2.06
MEDICAL TRANSPORTATION	34	2 , 373		8,160.13		3.44	2.663		240.00		9.16
AMBULANCES/AIR TRANS	2	12		457.04		38.09	.013		228.52		.51
OTHER TRANS	16	2,301		7,061.95		3.07	2.582		441.37		7.93
OTHER SERVICES	16	60		641.14		10.69	.067		40.07		.72
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	44	283		13,695.48		48.39	.318		311.26		15.37
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	13	25		301.83		12.07	.028		23.22		.34
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	2	3		1.29		.43	.003		.65		.00
PROSTHETIST/ORTHOTISTS	2	20		81.60		4.08	.022		40.80		.09
PROSTHETICS	2	20		81.60		4.08	.022		40.80		.09
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	5	8		447.30		55.91	.009		89.46		.50

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	121	272	7,809.67	28.71	.305	64.54	8.77
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	365	1,771	\$ 56,152.22	\$ 31.71	1.988	\$ 153.84	\$ 63.02
• ·			 				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,841 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

KINGS COUNTI	SOUTHAINT OF SELV	ATCED LOW II	TIL TI	DISI	TEGWIND DITIND	AIL	/ CODES 20	OA			
								M		GΕ	
07 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES		RAGE COST		COST PER		COST PER
		OR DAYS OF				PER	- ,	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	8		59	\$	5,504.67	\$	93.30	8.429	688.08	\$	786.38
@PHYSICIANS SERVICES	1		1	\$	16.06	\$	16.06	.143	\$ 16.06	\$	2.29
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1		1		16.06		16.06	.143	16.06		2.29
@PHARMACY	3		25	\$	1,702.80	\$	68.11	3.571	\$ 567.60	\$	243.26
PRESCRIPTION DRUGS	3		22		1,656.68		75.30	3.143	552.23		236.67
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	3		22		1,656.68		75.30	3.143	552.23		236.67
MEDICAL SUPPLIES	1		3		46.12		15.37	.429	46.12		6.59
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00		.00
ORAL SURGERY	0		0		.00		.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE				DEC		P	AGE 4,842
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY	SUMMARY OF SERV		I DI	SREGARD - BLIND	AID CODE	S 26	6A				00, = 1, 00
							MO	TNC	HLY AVERA	.GE	
07 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT	'/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00		00	.000	\$.00	Ś	.00
VISITS	0	0	•	.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00		00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	7	.00		00	.000	-	.00	7	.00
SURGERY/ANES.	0	0		.00		00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		00	.000		.00		.00
OTHER	0	0		.00		00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00		00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ś	.00		00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ś	.00		00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00		00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00		00	.000	\$.00	Ś	.00
@TOTAL HOSPITAL	1	0	Ś	2,010.00		00	.000	\$	2010.00	\$	287.14
HOSP INPATIENT TOTAL	_ 1	0	•	2,010.00		00	.000		2010.00		287.14
HSC HOSPITALS	0	0		.00		00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		00	.000		.00		.00
ANCILLARIES	0	0		.00		00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		2,010.00		00	.000		2010.00		287.14
ALL OTHER INPATIENT	0	0		.00		00	.000		.00		.00
HOSP OUTPATIENT TOTAL	Ö	0		.00		00	.000		.00		.00
MEDICAL	0	0		.00		00	.000		.00		.00
SURGERY	0	0		.00		00	.000		.00		.00
PATHOLOGY	0	0		.00		00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	•	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	•	0	'	.00		.00	.000	r	.00	r	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
1100 11001 111110	•	Ŭ		• 0 0	•		• • • • •		• • • •		• • • •

	_	_							
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES	S MONTE					P	AGE 4,843
MOP024	FEE-FOR-SERVICE		0 1101111	. 01 1111111111111111111111111111111111		2001 111110 22	0 2001	_	03/14/05
KINGS COUNTY		ICES FOR TITLE II	DISREG	CARD - BLIND	AID CODES 26	6 A			03/11/03
KINGD COOKII	SOMETHIC OF SERV		DIDICEC	MIND DILIND	MID CODED 20	MON'	THIV AMERA	CF	
07 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
O' HHIGIPHE	00210	OR DAYS OF CARE		LINI LIND I I ONLO	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1		Ś	2,010.00	\$.00		2010.00		-
COMM HOSP INPATIENT TOTAL	1	0	7	2,010.00	.00	.000	2010.00	Y	287.14
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0			.00				.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00		
TRANSITIONAL IP CARE	U	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	U	U		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	0		2,010.00	.00	.000	2010.00		287.14
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	•	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	24.68	\$	24.68	.143	\$ 24.68	\$	3.53
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1	1		24.68		24.68	.143	24.68		3.53
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDIT	TRES MO		EPORT				PZ	AGE 4,844
MOP024	FEE-FOR-SERVICE		01110 110	01 1111111111 10	01(1	1010 01110 2	2001 111110 1	2001		03/14/05
KINGS COUNTY			TT DTG	REGARD - BLIND	7 TD	CODES 26	67			03/11/03
KINGS COONII	SOMMANI OF SERV	ICES FOR IIIE	II DI	KEGAKD BLIND	AID	CODES 20		NTHLY AVERA	CE -	
07 ELIGIBLES	USERS	UNITS OF SERVI	יחי	EXPENDITURES	7/ 7/ 77	DACE COCH		COST PER		COST PER
0 / 511619153	USEKS			EXPENDITORES						
0.1.1. 0.00000 DD0000000000	7	OR DAYS OF CA		1 751 10			PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	7	32	\$	1,751.13	\$	54.72	4.571	•	Ş	
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000			.00
HEARING AID DISPENSERS	2	2		50.00		25.00	.286	25.00		7.14
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	7	22		1,564.70		71.12	3.143	223.53		223.53
OCCUPATIONAL THERAPIST	,	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0								
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	•	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000			.00
PROSTHETICS	0	0		.00		.00	.000			.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	4	8		136.43		17.05	1.143	34.11		19.49
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		Ś	.00
@XOVER EXCLUDING STATE HOSP**		12	Š	2,208.61		184.05	1.714			315.52
@* TOTALS IN THESE LINES ARE			TTEM C	•	Υ	101.00	1.71	Ÿ 332.13	Y	313.32
THE AMOUNTS ARE ALREADY IN										
				ADUVE.						
** THESE DATA ARE INCLUDED I				NIMII OH DAVAHAM D	ED05=	HOD TANK	2004 EUTETT T	NEG 2004	D.	ACE 4 045
	MEDI-CAL SERVICE	-	JKES MC	NTH-OF-PAYMENT R	L PORT	FUR JAN 2	ZUU4 THKU I	JEC 2004	PF	AGE 4,845
MOP024	FEE-FOR-SERVICE				D	200=2 02	66.66			03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II DIS	REGARD - DISABLE	AID עו	CODES 36			~-	
								ONTHLY AVERA		
488 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES						COST PER
		OB DAVS OF CA	⊋ ₽¯		PFP			HIGER	Τ.	TTCTBLE

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	462	27,228	\$ 247,593.09	\$ 9.09	55.795	\$ 535.92	\$ 507.36
@PHYSICIANS SERVICES	91	329	\$ 8,967.38	\$ 27.26	.674	\$ 98.54	\$ 18.38
OUTPATIENT VISITS	2	2	77.35	38.68	.004	38.68	.16
OFFICE VISITS	1	1	9.00	9.00	.002	9.00	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.002	68.35	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.002	8.01	.02
EXAMINATIONS	1	1	8.01	8.01	.002	8.01	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	40	256.03	6.40	.082	256.03	.52
OTHER SERVICES/ALL X-OVERS	87	286	8,625.99	30.16	.586	99.15	17.68
@PHARMACY	414	25 , 116	\$ 187,884.33	\$ 7.48	51.467	\$ 453.83	\$ 385.01
PRESCRIPTION DRUGS	407	2,265	177,792.12	78.50	4.641	436.84	364.33

SNF/ICF	4	21		4,451.15		211.96	.043	1112.79		9.12
OUTPATIENTS	405	2,244		173,340.97		77.25	4.598	428.00		355.21
MEDICAL SUPPLIES	81	22,851		10,092.21		.44	46.826	124.60		20.68
@DENTIST	8	25	\$	482.00	\$	19.28	.051	\$ 60.25	\$.99
VISITS - DIAGNOSTIC	6	23		309.00		13.43	.047	51.50		.63
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	2	2		173.00		86.50	.004	86.50		.35
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 2004	PI	AGE 4,846
MOP024	FEE-FOR-SERVICE/DENT	'AL								03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

KINGS COUNTI	SUMMARI OF SER	VICES FOR IIILE	TT DI	SKEGAKD - DISABLE	D AIL	CODES 30				
								HLY AVERA	GE	
488 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	14	41	\$	919.54	\$	22.43	.084	\$ 65.68	\$	1.88
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.006	47.45		.29
EYE APPLIANCES	13	35		626.83		17.91	.072	48.22		1.28
OTHER OPTOMETRIC SERVICES	2	3		150.36		50.12	.006	75.18		.31
@CHIROPRACTOR	2	4	\$	66.88	\$	16.72	.008	\$ 33.44	\$.14
VISITS	2	4		66.88		16.72	.008	33.44		.14
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	34	\$	4,119.43	\$	121.16	.070	\$ 274.63	\$	8.44
HOSP INPATIENT TOTAL	5	0		3,922.88		.00	.000	784.58		8.04
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	5	0		3,922.88		.00	.000	784.58		8.04
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	11	34		196.55		5.78	.070	17.87		.40
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	5		70.18		14.04	.010	35.09		.14

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	9	29	126.37	4.36	.059	14.04	.26
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU 1	DEC 2004	PAGE 4,847
MOP024	FEE-FOR-SERVICE/DENTAL	ı					03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

KINGS COUNTI	SOMMAN OF SERV	LCES FOR TITE	لل نا	ב בע	KEGAKD DI	. SADLILI) AIL	0 00000 00	00 00				
									MC	TNC	HLY AVERA	.GE	
488 ELIGIBLES	USERS	UNITS OF SERV	ICE		EXPENDIT	URES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF C	ARE				PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	34		\$	4,11	9.43	\$	121.16	.070	\$	274.63	\$	8.44
COMM HOSP INPATIENT TOTAL	5	0			3,92	22.88		.00	.000		784.58		8.04
HSC HOSPITALS	0	0				.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0				.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0				.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0				.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0				.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0				.00		.00	.000		.00		.00
ANCILLARIES	0	0				.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	0			3,92	22.88		.00	.000		784.58		8.04
ALL OTHER INPATIENT	0	0				.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11	34			19	96.55		5.78	.070		17.87		.40
MEDICAL	0	0				.00		.00	.000		.00		.00
SURGERY	0	0				.00		.00	.000		.00		.00
PATHOLOGY	2	5			7	70.18		14.04	.010		35.09		.14
RADIOLOGY	0	0				.00		.00	.000		.00		.00
ROOM USE	0	0				.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	9	29			12	26.37		4.36	.059		14.04		.26
@STATE HOSPITAL	0	0		\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0				.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0				.00		.00	.000		.00		.00
@NURSING FACILITY	5	91		\$	11,43	31.10	\$	125.62	.186	\$	2286.22	\$	23.42
LEV A-INTERMEDIATE	0	0				.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0				.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0				.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0				.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0				.00		.00	.000		.00		.00
LEV B-REGULAR	5	91			11,43	31.10		125.62	.186		2286.22		23.42
@INTERMEDIATE CARE FACILDD	0	0		\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	14	19	\$	8,159.35	\$	429.44	.039	\$	582.81	\$	16.72
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	14	19		8,159.35		429.44	.039		582.81		16.72
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	158	309	\$	18,144.05	\$	58.72	.633	\$	114.84	\$	37.18
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		30.16		30.16	.002		30.16		.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	157	308		18,113.89		58.81	.631		115.38		37.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND) EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	ΡĀ	AGE 4,848
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
KINGS COUNTY	SUMMARY OF SERVICES F	OR TITLE	II D	ISREGARD - DISABLE	D AID	CODES 36	666C				

----- MONTHLY AVERAGE -----

EXPENDITURES 488 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 106 7,419.03 \$ 5.89 @ALL OTHER PROVIDERS 1,260 \$ 2.582 \$ 69.99 \$ 15.20 DURABLE MED. EQUIP. 3 5 269.45 53.89 .010 89.82 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 687 2,592.60 3.77 199.43 MEDICAL TRANSPORTATION 13 1.408 5.31 3 AMBULANCES/AIR TRANS 114.26 38.09 .006 114.26 1.355 .047 372.12 OTHER TRANS 661 2,232.70 3.38 4.58 OTHER SERVICES 23 245.64 10.68 40.94 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 12.93 .094 .00 .000 ACUPUNCTURE 0 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .00 OPTICIAN 19 46 594.74 31.30 1.22 .00 .00 PHYSICAL THERAPIST .00 .00 .00 .00 PORTABLE X-RAY .000 .00 PROSTHETIST/ORTHOTISTS 66.60 33.30 .004 66.60 .14 33.30 66.60 66.60 PROSTHETICS .004 .00 .00 .00 ORTHOTICS .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 92.84 LOCAL EDUCATION AGENCIES 11.61 .016 23.21 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 3,802.80 7.43 ALL OTHER PROVIDERS 512 1.049 48.75 7.79 @CALIF. CHILDREN SERVICES* .00 0 .00 \$.000 \$.00 \$ Ω .00 26,259.20 \$ @XOVER EXCLUDING STATE HOSP** 160 1,930 3.955 \$ 164.12 \$ 13.61 53.81

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,849 MOP024

KINGS COUNTY

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED 03/14/05

KINGS COUNTI	SUMMARI OF SERVICE.	3 FUR		. DISK	EGARD - FAMILIES	DISCONTING		III V 7170070	7.0
OO ELICIDIES	HOEDO HAI	T. O. O. O.	CEDITOR		EVDENDIMIDEC	ATTERACE COCH	MONT		
00 ELIGIBLES			SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		R DAYS	OF CARE		0.0	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	•
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		Ö		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0	Ą	.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
	0		0						.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0	\$.00	\$.00	.000 \$.00	\$.00
@DENTIST	0		0	ې	.00	.00	.000 \$.00	.00
VISITS - DIAGNOSTIC	0		0						
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	•		-		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND E MOP024 FEE-FOR-SERVICE/DENTAL

KINGS COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,850

03/14/05

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

						MO	TNC	HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MONT					PAGE	4,851
# OTTEL DEL							-0 -00 -		
MOP024	FEE-FOR-SERVICE	/DENTAL						03	/14/05
MOP024 KINGS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR TITLE II	DISRE	EGARD - FAMILIES	DISCONTIN	UED		03	/14/05
			DISRE	EGARD - FAMILIES	DISCONTIN	MON			
		ICES FOR TITLE II UNITS OF SERVICE	DISRE	EGARD - FAMILIES EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	GE COST	 PER
KINGS COUNTY 00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	GE COST ELIG	 PER IBLE
KINGS COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE	DISRE	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST ELIG	 PER
KINGS COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS	ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00	GE COST ELIG	PER IBLE .00
KINGS COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	GE COST ELIG	PER IBLE .00
KINGS COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00
KINGS COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00 .00	GE COST ELIG	PER IBLE .00 .00
KINGS COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00
KINGS COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
KINGS COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
KINGS COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
WINGS COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	\$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	\$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	\$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	\$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONTH-OF	-PAYMENT REE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTAL							0	3/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGARD	- FAMILIES	DISCONTIN	IUED			
						M	MONTHLY AVER	AGE	

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,853 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

KINGS COUNTI	SUMMARI OF SER	VICES FOR IIILE II	DIS	REGARD - IOIAL			MC	NT III	III X 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	C E	
1,386 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/7/17	DACE COCE	MC UNITS/DAYS			-	COST PER
1,300 ELIGIBLES	USEKS	OR DAYS OF CARE		EXPENDITORES			PER ELIG)	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,348		\$	696,411.55		9.96	50.437	ċ	516.63		502.46
	306	,			\$ \$	15.19	.908		62.50		13.80
@PHYSICIANS SERVICES		•	\$	19,123.68	Ş			Ş		Ş	
OUTPATIENT VISITS	3	3		114.85		38.28	.002		38.28		.08
OFFICE VISITS	2	2		46.50		23.25	.001		23.25		.03
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35		68.35	.001		68.35		.05
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	0		2.00		.00	.000		2.00		.00
EXAMINATIONS	1	0		2.00		.00	.000		2.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		5.73		5.73	.001		5.73		.00
RADIOLOGY	± 1	1		8.57		8.57	.001		8.57		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	80		768.09		9.60	.058		384.05		.55
	300										
OTHER SERVICES/ALL X-OVERS		1,174	Ċ	18,224.44	Ċ	15.52	.847	Ċ	60.75	Ċ	13.15
@PHARMACY	1,184	- ,	\$		\$	7.72	45.116	Þ	407.57	Ş	348.17
PRESCRIPTION DRUGS	1,164	6,085		458,248.78		75.31	4.390		393.68		330.63
SNF/ICF	16	121		10,535.73		87.07	.087		658.48		7.60
OUTPATIENTS	1,152	5,964		447,713.05		75.07	4.303		388.64		323.03
MEDICAL SUPPLIES	241	56,446		24,309.54		.43	40.726		100.87		17.54
@DENTIST	46		\$	8,501.00	\$	54.49	.113	Ş	184.80	Ş	6.13
VISITS - DIAGNOSTIC	30	107		1,372.00		12.82	.077		45.73		.99
ORAL SURGERY	4	15		1,265.00		84.33	.011		316.25		.91
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	3	3		291.00		97.00	.002		97.00		.21
ENDODONTICS	5	6		905.00		150.83	.004		181.00		.65
RESTORATIVE DENTISTRY	8	14		1,845.00		131.79	.010		230.63		1.33
PROSTHETICS	0	0		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	6	11	2,823.00	256.64	.008	470.50	2.04
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 4,854
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES F	OR TITLE II	DISREGARD - TOTAL				

KINGS COUNTI	SUMMARI OF SER	VICES FOR IIIL	E II D	ISREGARD - IOIAL			Mo	חות	מסי <i>וו</i> וא אזויים	CF	
1,386 ELIGIBLES	USERS	UNITS OF SERV	TCF	EXPENDITURES	2/17	ERAGE COST				ч	COST PER
1,500 EDIGIDDES	ODERO	OR DAYS OF C		EXIENDITORES		R UNIT/DAY	,		USER		ELIGIBLE
@OPTOMETRIST	32	87		1,775.42	\$	20.41	.063		55.48	Ġ	1.28
DIAGNOSTIC AND ANC. PROCED	3	3		142.35	Y	47.45	.002	Y	47.45	Y	.10
EYE APPLIANCES	29	79		1,407.58		17.82	.057		48.54		1.02
OTHER OPTOMETRIC SERVICES	4	5		225.49		45.10	.004		56.37		.16
@CHIROPRACTOR	2	4		66.88	\$	16.72	.003	ċ	33.44	ċ	.05
VISITS	2	4		66.88	Ą	16.72	.003	Ş	33.44	ې	.05
	2	0		.00		.00	.003		.00		.00
OTHER SERVICES	7	10		68.65	\$	6.87	.007	ċ		Ċ	.05
@PODIATRIST	7	10			Þ			Ş	9.81	Þ	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	Ü	-		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	/	10		68.65		6.87	.007		9.81		.05
@HOME HEALTH AGENCY	Ü	0		.00	Ş	.00	.000		.00		.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0		.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0		.00	\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0	0		.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	102	327			\$.236	\$	287.21	\$	21.14
HOSP INPATIENT TOTAL	29	2		25,813.74		12906.87	.001		890.13		18.62
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		1,337.89		668.95	.001		1337.89		.97
ACCOMMODATIONS	1	2		801.90		400.95	.001		801.90		.58
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		801.90		400.95	.001		801.90		.58
ANCILLARIES	1			535.99		.00	.000		535.99		.39
INPATIENT CROSSOVERS	28	0		24,475.85		.00	.000		874.14		17.66
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	76	325		3,482.12		10.71	.234		45.82		2.51
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	13		137.95		10.61	.009		22.99		.10
RADIOLOGY	1	1		22.86		22.86	.001		22.86		.02
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	70	311		3,321.31		10.68	.224		47.45		2.40
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ō	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0		.00		.00		000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00		000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00		000		.00		.00
MEDICAL	0		0		.00	1	.00		000		.00		.00
SURGERY	0		0		.00	1	.00		000		.00		.00
PATHOLOGY	0		0		.00	1	.00		000		.00		.00
RADIOLOGY	0		0		.00)	.00		000		.00		.00
ROOM USE	0		0		.00)	.00		000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00)	.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXE	PENDITURE	S MON	TH-OF-PAYMENT	REPORT	FOR JAN	2004 7	HRU DE	C 2004		PI	AGE 4,855
MOP024	FEE-FOR-SERVICE/	DENTAL											03/14/05
KINGS COUNTY	SUMMARY OF SERVI	CES FOR	TITLE II	DISR	EGARD - TOTAL								
									MON	ITHLY A	VERA	GE -	
1,386 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	AGE COST	UNITS	S/DAYS	COST	PER	(COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER	ELIG	USE	R	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	102		327	\$	29,295.86	\$	89.59		236 \$	287	.21	\$	21.14
COMM HOSP INPATIENT TOTAL	29		2		25,813.74	. 12	906.87		001	890	.13		18.62
HSC HOSPITALS	0		0		.00)	.00		000		.00		.00
NON-HSC HOSPITALS TOTAL	1		2		1,337.89)	668.95		001	1337	.89		.97
ACCOMMODATIONS	1		2		801.90)	400.95		001	801	.90		.58
ADMINISTRATIVE DAYS	0		0		.00	1	.00		000		.00		.00
TRANSITIONAL IP CARE	0		0		.00)	.00		000		.00		.00
ALL OTHER ACCOM	1		2		801.90)	400.95		001	801	.90		.58
ANCILLARIES	1		0		535.99)	.00		000	535	.99		.39
INPATIENT CROSSOVERS	28		0		24,475.85	,	.00		000	874	.14		17.66
ALL OTHER INPATIENT	0		0		.00	1	.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	76		325		3,482.12		10.71		234	45	.82		2.51
MEDICAL	0		0		.00)	.00		000		.00		.00
SURGERY	0		0		.00)	.00		000		.00		.00
PATHOLOGY	6		13		137.95	i	10.61		009	22	.99		.10
RADIOLOGY	1		1		22.86)	22.86		001		.86		.02
ROOM USE	0		0		.00)	.00		000		.00		.00
	•		-										

CROSSOVERS/ALL OTH OUTPTNT		311		3,321.31		10.68	.224		47.45		2.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	21	473	\$	63,512.26	\$	134.28	.341	\$	3024.39	\$	45.82
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	21	473									
LEV B-REGULAR	0		<u>^</u>	63,512.26	۵	134.28	.341	<u> </u>	3024.39	<u>^</u>	45.82
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	25	33	\$	14,488.60	\$	439.05	.024	\$	579.54	\$	10.45
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	25	33		14,488.60		439.05	.024		579.54		10.45
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0	0	Ψ	.00	Y	.00	.000	Ψ	.00	7	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	414	737	\$	35,300.06	\$	47.90	.532	ċ	85.27	ċ	25.47
	414		ې	•	Ą			Ş		Ą	
CLINIC	•	0		.00		.00	.000		.00		.00
SURGICENTER	10	16		1,070.48		66.91	.012		107.05		.77
HEROIN DETOX CLINIC	0	0		()()		.00	.000		()()		.00
				.00					.00		
RURAL HEALTH CLINIC	405	721		34,229.58		47.48	.520		84.52		24.70
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	405 MEDI-CAL SERVIC	721 ES AND EXPENDITU	IRES N		EPORT	47.48	.520	DEC	84.52	P.	24.70 AGE 4,856
RURAL HEALTH CLINIC	405	721 ES AND EXPENDITU	IRES 1	34,229.58	EPORT	47.48	.520	DEC	84.52	PA	24.70
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	405 MEDI-CAL SERVIC FEE-FOR-SERVICE	721 ES AND EXPENDITU		34,229.58 MONTH-OF-PAYMENT RE	EPORT	47.48	.520	DEC	84.52	P#	24.70 AGE 4,856
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	405 MEDI-CAL SERVIC FEE-FOR-SERVICE	721 ES AND EXPENDITU /DENTAL		34,229.58 MONTH-OF-PAYMENT RE	EPORT	47.48	.520 2004 THRU		84.52		24.70 AGE 4,856 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	405 MEDI-CAL SERVIC FEE-FOR-SERVICE	721 ES AND EXPENDITU /DENTAL	II DI	34,229.58 MONTH-OF-PAYMENT RE		47.48	.520 2004 THRU	ONT	84.52 2004	.GE -	24.70 AGE 4,856 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	721 ES AND EXPENDITU /DENTAL ICES FOR TITLE	II D1	34,229.58 MONTH-OF-PAYMENT RE	AVE	47.48 FOR JAN 2	.520 2004 THRU M UNITS/DAY	IONT S	84.52 2004 CHLY AVERA	.GE -	24.70 AGE 4,856 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	721 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR	II D1	34,229.58 MONTH-OF-PAYMENT RESERGARD - TOTAL EXPENDITURES	AVE	47.48 FOR JAN 2	.520 2004 THRU M UNITS/DAY PER ELIG	IONT S	84.52 2004 CHLY AVERA COST PER USER	GE - (24.70 AGE 4,856 03/14/05 COST PER
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308	721 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERGARD - TOTAL EXPENDITURES 41,720.82	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73	.520 2004 THRU M UNITS/DAY PER ELIG 3.095	IONT S	84.52 2004 PHLY AVERA COST PER USER 135.46	GE - (24.70 AGE 4,856 03/14/05COST PER ELIGIBLE 30.10
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8	II DI E E	34,229.58 MONTH-OF-PAYMENT RE SREGARD - TOTAL EXPENDITURES 41,720.82 486.24	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04	GE - (24.70 AGE 4,856 03/14/05COST PER ELIGIBLE 30.10 .35
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERGARD - TOTAL EXPENDITURES 41,720.82 486.24 .00	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000	IONT S	84.52 2004 PHLY AVERA COST PER USER 135.46 81.04 .00	GE - (24.70 AGE 4,856 03/14/05COST PER ELIGIBLE 30.10 .35 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERRED - TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04 .00 209.62	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERRED - TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208	IONT S	84.52 2004 PHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERVED TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09	.520 2004 THRU UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERVED TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011 2.137	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERVED TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011 2.137 .060	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 22 0	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERVED TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 38.09 3.14 10.68 .00	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011 2.137 .060 .000	IONT S	84.52 2004 PHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 22 0 0	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERVED TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011 2.137 .060 .000	IONT S	84.52 2004 PHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 0 0 0 0	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0 0	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERRED - TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .009 2.208 .011 2.137 .060 .000	IONT S	84.52 2004 PHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 22 0 0	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERRED - TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00 .15,260.18	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 38.09 3.14 10.68 .00 .00 .00	.520 2004 THRU UNITS/DAY PER ELIG 3.095 .006 .009 2.208 .011 2.137 .060 .000 .000	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00 .00	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .00 .101
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 0 0 0 0 51	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0 0 305 0	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERRED - TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00 .15,260.18 .00	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00 .00	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .009 2.208 .011 2.137 .060 .000 .000 .000	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00 .00 .00 299.22 .00	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .00 .101 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 0 0 0 0 51	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0 0 305	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERRED - TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00 .15,260.18	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00 .00 50.03 .00 12.63	.520 2004 THRU UNITS/DAY PER ELIG 3.095 .006 .009 2.208 .011 2.137 .060 .000 .000	IONT S	84.52 2004 PHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00 .00 299.22 .00 28.02	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .00 .11.01 .00 .65
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 0 0 0 0 51	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0 0 305 0	II DI E E	34,229.58 MONTH-OF-PAYMENT RESERRED - TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00 .15,260.18 .00	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00 .00	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .009 2.208 .011 2.137 .060 .000 .000 .000	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00 .00 .00 299.22 .00	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .00 .101 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 0 0 0 0 51 0 32	T21 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0 0 305 0 71	II DI E E	34,229.58 MONTH-OF-PAYMENT RESTRICT TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00 15,260.18 .00 896.57	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00 .00 50.03 .00 12.63	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011 2.137 .060 .000 .000 .000	IONT S	84.52 2004 PHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00 .00 299.22 .00 28.02	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .00 .100 .00 .00 .00 .00 .00 .0
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 0 0 0 0 51 0 32 0	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0 0 305 0 71 0 3	II DI E E	34,229.58 MONTH-OF-PAYMENT RESTRICTION OF TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00 15,260.18 .00 896.57 .00 1.29	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00 .00 50.03 .00 12.63 .00	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011 2.137 .060 .000 .000 .000 .000	IONT S	84.52 2004 PHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00 .00 299.22 .00 28.02	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .00 11.01 .00 .65 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 22 0 0 0 51 0 32 0 2 3	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0 0 305 0 71 0 3 22	II DI E E	34,229.58 MONTH-OF-PAYMENT RESTRICTION TO TAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00 15,260.18 .00 896.57 .00 1.29 148.20	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00 50.03 .00 12.63 .00 .43 6.74	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011 2.137 .060 .000 .000 .000 .220 .000 .051 .000 .002 .016	IONT S	84.52 2004 PHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00 .00 .299.22 .00 28.02 .00 .65 49.40	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .00 .101 .00 .65 .00 .00 .11
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 0 0 0 0 51 0 32 0 2 3 3	T21 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0 305 0 71 0 3 22 22	II DI E E	34,229.58 MONTH-OF-PAYMENT RESTREGARD - TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00 15,260.18 .00 896.57 .00 1.29 148.20 148.20	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00 .00 .00 50.03 .00 12.63 .00 .43 6.74 6.74	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011 2.137 .060 .000 .000 .000 .000 .000 .000 .00	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00 .00 .00 .299.22 .00 28.02 .00 .65 49.40 49.40	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .101 .00 .65 .00 .00 .11 .11
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 0 0 0 51 0 32 0 2 3 3 0	721 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0 0 305 0 71 0 3 22 22 22	II DI E E	34,229.58 MONTH-OF-PAYMENT RESTREGARD - TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00 15,260.18 .00 896.57 .00 1.29 148.20 148.20 .00	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00 .00 50.03 .00 12.63 .00 .43 6.74 6.74 .00	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011 2.137 .060 .000 .000 .000 .000 .000 .000 .00	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00 .00 299.22 .00 28.02 .00 28.02 .00 49.40 49.40 .00	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .00 .101 .00 .65 .00 .00 .11 .11 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 1,386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	405 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 308 6 0 9 47 3 22 22 0 0 0 0 51 0 32 0 2 3 3	T21 ES AND EXPENDITU /DENTAL TICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 4,289 8 0 12 3,060 15 2,962 83 0 0 305 0 71 0 3 22 22	II DI E E	34,229.58 MONTH-OF-PAYMENT RESTREGARD - TOTAL EXPENDITURES 41,720.82 486.24 .00 1,886.57 10,752.73 571.30 9,294.65 886.78 .00 .00 .00 15,260.18 .00 896.57 .00 1.29 148.20 148.20	AVE PER	47.48 FOR JAN 2 RAGE COST UNIT/DAY 9.73 60.78 .00 157.21 3.51 38.09 3.14 10.68 .00 .00 .00 .00 50.03 .00 12.63 .00 .43 6.74 6.74	.520 2004 THRU M UNITS/DAY PER ELIG 3.095 .006 .000 .009 2.208 .011 2.137 .060 .000 .000 .000 .000 .000 .000 .00	IONT S	84.52 2004 CHLY AVERA COST PER USER 135.46 81.04 .00 209.62 228.78 190.43 422.48 40.31 .00 .00 .00 .00 .299.22 .00 28.02 .00 .65 49.40 49.40	GE - (24.70 AGE 4,856 03/14/05 COST PER ELIGIBLE 30.10 .35 .00 1.36 7.76 .41 6.71 .64 .00 .00 .101 .00 .65 .00 .00 .11 .11

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	8		92.84	11.61	.006	23.21	.07
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	203	792		11,748.90	14.83	.571	57.88	8.48
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	529	3,713	\$	84,620.03	\$ 22.79	2.679	\$ 159.96	\$ 61.05
O. H. MORRES THE MURICIPALITY AND CHILD		THEODIGHTON	TEEN	T 11				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,857 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

KINGS COONII	DOMINANT OF DEIN	VICES FOR IN HOME	501	. I ONI AGED	AID CODE	10		
						MON		
1,190 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,275	123,520	\$	650 , 964.94	\$ 5.27	103.798		
@PHYSICIANS SERVICES	271	1,137	\$	23,509.27	\$ 20.68	.955	86.75	\$ 19.76
OUTPATIENT VISITS	7	11		432.48	39.32	.009	61.78	.36
OFFICE VISITS	6	10		324.40	32.44	.008	54.07	.27
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.001	108.08	.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	6		340.62	56.77	.005	113.54	.29
HOSPITAL VISITS	3	6		340.62	56.77	.005	113.54	.29
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.001	46.44	.04
EXAMINATIONS	1	1		46.44	46.44	.001	46.44	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	4	4		900.16	225.04	.003	225.04	.76
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	8	9		169.03	18.78	.008	21.13	.14
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	256	1,106		21,620.54	19.55	.929	84.46	18.17
@PHARMACY	1,082	89,257	\$	396,777.15		75.006		\$ 333.43
PRESCRIPTION DRUGS	1,026	4,994		364,709.64	73.03	4.197	355.47	306.48
SNF/ICF	. 14	93		5,166.05	55.55	.078	369.00	4.34
OUTPATIENTS	1,014	4,901		359,543.59	73 36	4 118	354.58	302.14
MEDICAL SUPPLIES	342	84,263		32,067.51	.38	70.809	93.76	26.95
@DENTIST	39	164	\$		\$ 40.78	.138	171.49	\$ 5.62
VISITS - DIAGNOSTIC	24	88		853.00	9.69	.074	35.54	.72
ORAL SURGERY	5	7		276.00	39.43	.006	55.20	.23
	-							

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00	•	00	.000		.00		.00
ANESTHESIA	0	0		.00		0.0	.000		.00		.00
PERIODONTICS	1	1		118.00	118.		.001		118.00		.10
ENDODONTICS	2	2		.00			.002		.00		.00
RESTORATIVE DENTISTRY	7	19		1,017.00	53.		.016		145.29		.85
PROSTHETICS	3	3		60.00	20.		.003		20.00		.05
DENTURES, STAYPLATES	13	42		4,364.00	103.		.035		335.69		3.67
SPACE MAINTAINERS	0	0		.00		00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		00	.000		.00		.00
	0	0									.00
FRACTURES, DISLOCATIONS	0	0		.00		00	.000		.00		
ORTHODONTIC SERVICES	•	-				00	.000		.00		.00
ALL OTHER SERVICES	1	2	=	.00		00	.002	550	.00	_	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT FOR	JAN 20	004 THRU	DEC	2004	P	PAGE 4,858
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPO	RT - AGED	AID	CODE 1		0.TT		C D	
1 100 HITGIDING	HOEDO	INITES OF SERVICE			31700300				HLY AVERA		
1,190 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
0.0000000000000000000000000000000000000	0.5	OR DAYS OF CARE		1 146 05			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	25	58	\$	1,146.25	\$ 19.		.049	Ş	45.85	Ş	.96
DIAGNOSTIC AND ANC. PROCED	2	2		62.03	31.		.002		31.02		.05
EYE APPLIANCES	18	47		828.45	17.		.039		46.03		.70
OTHER OPTOMETRIC SERVICES	6	9		255.77	28.		.008		42.63		.21
@CHIROPRACTOR	0	0	\$.00		00	.000	\$.00	\$.00
VISITS	0	0		.00		00	.000		.00		.00
OTHER SERVICES	0	0		.00		00	.000		.00		.00
@PODIATRIST	6	8	\$	153.48	\$ 19.	19	.007	\$	25.58	\$.13
MEDICINE/INJECTIONS	0	0		.00		00	.000		.00		.00
SURGERY/ANES.	0	0		.00		00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		00	.000		.00		.00
OTHER	6	8		153.48	19.	19	.007		25.58		.13
@HOME HEALTH AGENCY	1	12	\$	874.95	\$ 72.	91	.010	\$	874.95	\$.74
NURSE ANESTHESIST	0	0	\$.00	\$.	00	.000	\$		\$.00
NURSE MIDWIFE	0	0	\$.00		0.0	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00		00	.000	Ś		Ś	.00
FAMILY NURSE PRACTITIONER	0	0	S	.00		0.0		\$.00	Ś	.00
@TOTAL HOSPITAL	105	367	Ś	38,254.31	\$ 104.		.308	Ś	364.33		32.15
HOSP INPATIENT TOTAL	32	8	7	34,800.85	4350.		.007	-1	1087.53	т.	29.24
HSC HOSPITALS	0	0		.00		00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	8		12,257.54	1532.		.007		4085.85		10.30
ACCOMMODATIONS	3	8		3,237.15	404.		.007		1079.05		2.72
ADMINISTRATIVE DAYS	0	0		.00		00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		00	.000		.00		.00
ALL OTHER ACCOM	3	8		3,237.15	404.		.007		1079.05		2.72
ANCILLARIES	3	0		9,020.39		04	.000		3006.80		7.58
INPATIENT CROSSOVERS	29	0		22,543.31		00	.000		777.36		18.94
	0	0		•			.000				
ALL OTHER INPATIENT		-		.00		00			.00		.00
HOSP OUTPATIENT TOTAL	75	359		3,453.46	9.		.302		46.05		2.90
MEDICAL	2	3		70.06	23.		.003		35.03		.06
SURGERY	0	0		.00		00	.000		.00		.00
PATHOLOGY	9	49		517.77	10.		.041		57.53		. 44
RADIOLOGY	8	9		706.63	78.		.008		88.33		.59
ROOM USE	2	2		83.98	41.		.002		41.99		.07
CDOCCOVEDC/ALL OHI OURDING	()	206		2 075 02	7	111	240		22 47		1 7/

62

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CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

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NON HES HOSDINALS MONAT	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0			.00				
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0			.00	.000			.00
ALL OTHER ACCOM	0	0		.00			.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	U	0		.00	.00	.000	.00		.00
PATHOLOGY	U	0		.00	.00	.000	.00		.00
RADIOLOGY	U	0		.00	.00	.000	.00		.00
ROOM USE	U	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0	_~	.00	.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	C 2004	PA	AGE 4,859
MOP024	FEE-FOR-SERVICE/DE								03/14/05
KINGS COUNTY	SUMMARY OF SERVICE	FOR IN HOME	SUPP	ORT - AGED	AID CODE				
						MON			
1,190 ELIGIBLES		ITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
	O1	R DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105	367	\$	38,254.31	\$ 104.24	.308 \$		\$	32.15
COMM HOSP INPATIENT TOTAL	32	8		34,800.85	4350.11	.007	1087.53		29.24
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	3	8		12,257.54	1532.19	.007	4085.85		10.30
ACCOMMODATIONS	3	8		3,237.15	404.64	.007	1079.05		2.72
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	8		3,237.15	404.64	.007	1079.05		2.72
ANCILLARIES	3	0		9,020.39	.00	.000	3006.80		7.58
INPATIENT CROSSOVERS	29	0		22,543.31	.00	.000	777.36		18.94
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	75	359		3,453.46	9.62	.302	46.05		2.90
MEDICAL	2	3		70.06	23.35	.003	35.03		.06
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	9	49		517.77	10.57	.041	57.53		.44
RADIOLOGY	8	9		706.63	78.51	.008	88.33		.59
ROOM USE	2	2		83.98	41.99	.002	41.99		.07
CROSSOVERS/ALL OTH OUTPINT	62	296		2,075.02	7.01	.249	33.47		1.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	26	322	\$	64,948.14	\$ 201.70	.271 \$	2498.01	\$	54.58
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
THE D DECLITAD	0.0	200		64 040 14	001 70	071	0.400 01		F 4 F 0

322

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

64,948.14

37,094.75

37,094.75

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927.37 \$

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927.37

54.58

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31.17

31.17

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	33	\$	411.57	\$	12.47	.028	\$	68.60	\$.35
PATHOLOGY	5	30		397.16		13.24	.025		79.43		.33
XO AND OTHERS	1	3		14.41		4.80	.003		14.41		.01
@ORGANIZED OUTPATIENT CLINIC	194	334	\$	24,348.14	\$	72.90	.281	\$	125.51	\$	20.46
CLINIC	6	7		70.67		10.10	.006		11.78		.06
SURGICENTER	8	8		1,401.42		175.18	.007		175.18		1.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	184	319		22,876.05		71.71	.268		124.33		19.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT H	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 4,860
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SU	PPORT - AGED		AID CODE	18				
							M	TNO	HLY AVERA	GΕ	
1,190 ELIGIBLES	USERS	UNITS OF SERVICE	;	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	'S	COST PER		COST PER
		OR DAYS OF CARE	;		PER	R UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	466	30 , 565	\$	56,758.93	\$	1.86	25.685	\$	121.80	\$	47.70
DURABLE MED. EQUIP.	26	40		2,338.18		58.45	.034		89.93		1.96
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	18	30		3,330.45		111.02	.025		185.03		2.80
MEDICAL TRANSPORTATION	64	3 , 726		14,949.23		4.01	3.131		233.58		12.56
AMBULANCES/AIR TRANS	8	66		1,414.94		21.44	.055		176.87		1.19
OTHER TRANS	44	3 , 525		12,932.99		3.67	2.962		293.93		10.87
OTHER SERVICES	16	135		601.30		4.45	.113		37.58		.51
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	59	267		17,296.60		64.78	.224		293.16		14.53
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	21	45		575.66		12.79	.038		27.41		.48
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	132.20	44.07	.003	132.20	.11
PROSTHETICS	1	3	132.20	44.07	.003	132.20	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	13	513.86	39.53	.011	73.41	.43
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	344	26,441	17,622.75	.67	22.219	51.23	14.81
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	635	11,187	\$ 102,704.36	\$ 9.18	9.401	\$ 161.74	\$ 86.31

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,861 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

VINGS COONII	SOMMANI OF SEV	VICES FOR IN HOME SU	FLOKI - PHIND	AID CODE	20		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	04 THRU DEC	2004	PAGE 4,862
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	R IN HOME SUPP	ORT - BLIND	AID CODE 2	28		
				-	MONT	HLY AVERAG	E

						MC	TNC	'HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN 20	004 THRU DEC	2004	PAGE 4,863
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	IN HOME ST	UPPORT - BLIND	AID CODE 2	28		
				_	MONT	HLY AVERAGI	Ξ

					MON	THLY AVERAGE	;
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00

ICF DDH	0	Λ		.00		.00	.000		.00		.00
	0	0									.00
ICF DD	0	Ü		.00		.00	.000		.00		
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH-	OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC 200	4	PAGE	4,864
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	R IN HOME	SUPPORT	- BLIND		AID CODE 28					
							I	MONTHLY	AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,865

FEE-FOR-SERVICE/DENTAL

KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

03/14/05

----- MONTHLY AVERAGE -----USERS 697 132 21 754 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 19 5 1 0 0 0 4 4 4 0 0 0 2 2 2 0 0 6 28

RADIOLOGY	5	14		261.58		18.68	.019		52.32		.35
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	1,724		17,640.73		10.23	2.286		1470.06		23.40
OTHER SERVICES/ALL X-OVERS	117	512		6,007.87		11.73	.679		51.35		7.97
@PHARMACY	630	80 , 877	\$	255,336.86	\$	8.27	40.951	\$	405.30	\$	338.64
PRESCRIPTION DRUGS	604	3,020		238,698.68		79.04	4.005		395.20		316.58
SNF/ICF	9	77		5,145.38		66.82	.102		571.71		6.82
OUTPATIENTS		2,943		233,553.30		79.36	3.903		388.61		309.75
MEDICAL SUPPLIES		27 , 857		16,638.18		.60	36.946		103.99		22.07
@DENTIST	30	178	\$	7,858.50	\$	44.15	.236	\$	261.95	\$	10.42
VISITS - DIAGNOSTIC	20	100		985.50		9.86	.133		49.28		1.31
ORAL SURGERY	6	43		1,971.00		45.84	.057		328.50		2.61
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.001		118.00		.16
ENDODONTICS	2	2		590.00		295.00	.003		295.00		.78
RESTORATIVE DENTISTRY	8	12		664.00		55.33	.016		83.00		.88
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	20		3,530.00		176.50	.027		588.33		4.68
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUF	RES MONTH-	OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PAG	GE 4,866
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- DISABLED		AID CODE	E 68				

KINGS COUNTY	SUMMARY OF SER	CVICES FOR	IN HOME	SUPPO	RT - DISABLED		AID CODE	00				
								Mo	TNC	HLY AVERA	GΕ	
754 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	15		39	\$	728.92	\$	18.69	.052	\$	48.59	\$.97
DIAGNOSTIC AND ANC. PROCED	3		4		134.34		33.59	.005		44.78		.18
EYE APPLIANCES	12		31		542.15		17.49	.041		45.18		.72
OTHER OPTOMETRIC SERVICES	3		4		52.43		13.11	.005		17.48		.07
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	3		23	\$	174.35	\$	7.58	.031	\$	58.12	\$.23
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	3		23		174.35		7.58	.031		58.12		.23
@HOME HEALTH AGENCY	2		4	\$	209.98	\$	52.50		\$	104.99	\$.28
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	78		411	\$	64 , 758.76	\$	157.56	.545	\$	830.24	\$	85.89
HOSP INPATIENT TOTAL	14		31		57 , 834.63		1865.63	.041		4131.05		76.70
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3		31		49,743.59		1604.63	.041		16581.20		65.97
ACCOMMODATIONS	3		31		14,866.74		479.57	.041		4955.58		19.72
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3		31		14,866.74		479.57	.041		4955.58		19.72
ANCILLARIES	3		0		34,876.85		.00	.000		11625.62		46.26

INPATIENT CROSSOVERS	11	0	8,091.04	.00	.000	735.55	10.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	68	380	6,924.13	18.22	.504	101.83	9.18
MEDICAL	6	8	422.04	52.76	.011	70.34	.56
SURGERY	2	3	55.95	18.65	.004	27.98	.07
PATHOLOGY	16	80	848.58	10.61	.106	53.04	1.13
RADIOLOGY	7	10	845.64	84.56	.013	120.81	1.12
ROOM USE	11	15	747.03	49.80	.020	67.91	.99
CROSSOVERS/ALL OTH OUTPTNT	49	264	4,004.89	15.17	.350	81.73	5.31
	0	0 \$.00				
@COUNTY HOSPITAL TOTAL	0	0 \$.000 \$.00	·
CO HOSPITAL INPATIENT TOTAL	0		.00	.00	.000		.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	Ü	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE				PAGE 4,867
MOP024					ZOOT TIIIKO DI	10 2001	
MOP024	FEE-FOR-SERVICE	/DENTAL				2001	03/14/05
MOP024 KINGS COUNTY	FEE-FOR-SERVICE			AID CODE	68		03/14/05
KINGS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR IN HOME SU	JPPORT - DISABLED	AID CODE	68 MON	ITHLY AVERA	03/14/05 GE
	FEE-FOR-SERVICE	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE		AID CODE	68 MON UNITS/DAYS	ITHLY AVERA COST PER	03/14/05 GE COST PER
KINGS COUNTY 754 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE	UPPORT - DISABLED EXPENDITURES	AID CODE AVERAGE COST PER UNIT/DAY	68 MON UNITS/DAYS PER ELIG	ITHLY AVERA COST PER USER	03/14/05 GE COST PER ELIGIBLE
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$	UPPORT - DISABLED EXPENDITURES 64,758.76	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56	68 MON UNITS/DAYS PER ELIG .545 \$	ITHLY AVERA COST PER USER 830.24	03/14/05 GE COST PER ELIGIBLE \$ 85.89
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31	EXPENDITURES 64,758.76 57,834.63	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63	68 MON UNITS/DAYS PER ELIG .545 \$	THLY AVERA COST PER USER 830.24 4131.05	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0	EXPENDITURES 64,758.76 57,834.63	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63	68 MON UNITS/DAYS PER ELIG .545 .041 .000	THLY AVERA COST PER USER 830.24 4131.05 .00	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31	EXPENDITURES 64,758.76 57,834.63	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63	68 MON UNITS/DAYS PER ELIG .545 .041 .000 .041	OTHLY AVERA COST PER USER 830.24 4131.05 .00 16581.20	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57	68 MON UNITS/DAYS PER ELIG .545 .041 .000 .041 .041	THLY AVERA COST PER USER 8 30.24 4131.05 .00 16581.20 4955.58	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 3	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31 0	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00	68 MON UNITS/DAYS PER ELIG .545 .041 .000 .041 .041	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31 0 0	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00	68 MON UNITS/DAYS PER ELIG .545 .041 .000 .041 .041 .000 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 3 0 0 0 3	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 0 31 31 0 0 31	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .041 .000 .000 .000	THLY AVERA COST PER USER 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 3 0 0 0 3 3	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 0 31 31 0 0 31	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 479.57 .00	68 MON UNITS/DAYS PER ELIG .545 \$.041 .000 .041 .000 .041 .000	THLY AVERA COST PER USER 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 3	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 0 31 31 0 0 31 0 0	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .041 .000 .041 .000 .041 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 3 11 0	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 0 31 31 0 0 31 0 0 0 0	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .545 .041 .000 .041 .041 .000 .000 .041 .000 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 11 0 68	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 0 31 31 0 0 31 31 0 0 31 31 31	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .001 .000 .000 .000 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00 101.83	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 3 3 11 0 68 6	DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31 0 31 0 0 31 31 8	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13 422.04	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 .00 .00 .00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .041 .000 .000 .041 .000 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00 101.83 70.34	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18 .56
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 11 0 68	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 0 31 31 0 0 31 31 0 0 31 31 31	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .001 .000 .000 .000 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00 101.83	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 3 3 11 0 68 6	DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31 0 31 0 0 31 31 8	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13 422.04	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 .00 .00 .00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .041 .000 .000 .041 .000 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00 101.83 70.34	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18 .56
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 3 11 0 68 6 2	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31 0 31 0 0 31 31 31 0 0 380 8 3	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13 422.04 55.95	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 18.22 .52.76 18.65	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .041 .000 .000 .041 .000 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00 101.83 70.34 27.98	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18 .56 .07
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 3 11 0 68 6 2 16	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31 0 0 31 31 0 31 0 380 8 3 80	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13 422.04 55.95 848.58	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .041 .000 .000 .041 .000 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00 101.83 70.34 27.98 53.04	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18 .56 .07 1.13
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 3 11 0 68 6 2 16 7	DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31 0 0 31 31 0 0 380 8 3 80 10	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13 422.04 55.95 848.58 845.64	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .041 .000 .000 .041 .000 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00 101.83 70.34 27.98 53.04 120.81	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18 .56 .07 1.13 1.12
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 3 11 0 68 6 2 16 7 11	DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31 0 0 31 31 0 31 0 10 15	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13 422.04 55.95 848.58 845.64 747.03	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 18.22 52.76 18.65 10.61 84.56 49.80	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .041 .000 .000 .041 .000 .000	THLY AVERA COST PER USER 8 830.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00 101.83 70.34 27.98 53.04 120.81 67.91 81.73	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18 .56 .07 1.13 1.12 .99 5.31
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 3 11 0 68 6 2 16 7 11 49	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31 0 0 31 31 0 0 380 8 3 80 10 15 264	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13 422.04 55.95 848.58 845.64 747.03 4,004.89 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 .18.22 52.76 18.65 10.61 84.56 49.80 15.17 \$.00	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .041 .000 .000 .041 .000 .000	THLY AVERA COST PER USER 8 30.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00 101.83 70.34 27.98 53.04 120.81 67.91 81.73	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18 .56 .07 1.13 1.12 .99 5.31
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 3 11 0 68 6 2 16 7 11 49 0	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 31 31 0 0 31 0 0 31 0 0 0 0 0 0 0	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13 422.04 55.95 848.58 845.64 747.03 4,004.89	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 .18.22 52.76 18.65 10.61 84.56 49.80 15.17	68 MON UNITS/DAYS PER ELIG .545 S .041 .000 .041 .041 .000 .000 .041 .000 .000	THLY AVERA COST PER USER 8 30.24 4131.05 .00 16581.20 4955.58 .00 .00 4955.58 11625.62 735.55 .00 101.83 70.34 27.98 53.04 120.81 67.91 81.73	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18 .56 .07 1.13 1.12 .99 5.31 \$.00
KINGS COUNTY 754 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 3 11 0 68 6 2 16 7 11 49 0 0 0	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 0 31 31 31 0 0 0 380 8 380 8 80 10 15 264 0 \$ 0	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13 422.04 55.95 848.58 845.64 747.03 4,004.89 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 18.22 52.76 18.65 10.61 84.56 49.80 15.17 \$.00 .00	68 MON UNITS/DAYS PER ELIG .545 \$.041 .000 .041 .041 .000 .041 .000 .000	TTHLY AVERA COST PER USER 830.24 4131.05 .00 16581.20 4955.58 .00 4955.58 11625.62 735.55 .00 101.83 70.34 27.98 53.04 120.81 67.91 81.73	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18 .56 .07 1.13 1.12 .99 5.31 \$.00 .00 .00
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 14 0 3 3 0 0 0 3 3 11 0 68 6 2 16 7 11 49 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SU UNITS OF SERVICE OR DAYS OF CARE 411 \$ 31 0 0 31 31 31 0 0 0 380 8 8 3 80 10 15 264 0 \$ 0 0	EXPENDITURES 64,758.76 57,834.63 .00 49,743.59 14,866.74 .00 .00 14,866.74 34,876.85 8,091.04 .00 6,924.13 422.04 55.95 848.58 845.64 747.03 4,004.89 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 157.56 1865.63 .00 1604.63 479.57 .00 .00 479.57 .00 .00 .00 18.22 52.76 18.65 10.61 84.56 49.80 15.17 \$.00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .545 \$.041 .000 .041 .041 .000 .000 .041 .000 .000	TTHLY AVERA COST PER USER 830.24 4131.05 .00 16581.20 4955.58 .00 4955.58 11625.62 735.55 .00 101.83 70.34 27.98 53.04 120.81 67.91 81.73	03/14/05 GE COST PER ELIGIBLE \$ 85.89 76.70 .00 65.97 19.72 .00 .00 19.72 46.26 10.73 .00 9.18 .56 .07 1.13 1.12 .99 5.31 \$.00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	9	130		19,941.06		153.39	.172		2215.67		26.45
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	17	\$	6,243.18	\$	367.25	.023	\$	567.56	\$	8.28
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	17		6,243.18		367.25	.023		567.56		8.28
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	25	\$	166.59	\$	6.66	.033	\$	27.77	\$.22
PATHOLOGY	4	22		158.88		7.22	.029		39.72		.21
XO AND OTHERS	2	3		7.71		2.57	.004		3.86		.01
@ORGANIZED OUTPATIENT CLINIC	207	426	\$	39,117.61	\$	91.83	.565	\$	188.97	\$	51.88
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	3		234.96		78.32	.004		117.48		.31
HEROIN DETOX CLINIC	1	5		73.00		14.60	.007		73.00		.10
RURAL HEALTH CLINIC	206	418		38,809.65		92.85	.554		188.40		51.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MONTH-	-OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	P.	AGE 4,868
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	IN HO	ME SUPPORT	- DISABLED		AID CODE 68					
							M	TMOI	HLY AVERA	GE	

					PION	THE AVENA	.01
754 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	178	31,591 \$	47,686.08	\$ 1.51	41.898 \$	267.90	\$ 63.24
DURABLE MED. EQUIP.	15	29	7,288.28	251.32	.038	485.89	9.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	10	2,240.91	224.09	.013	224.09	2.97
MEDICAL TRANSPORTATION	39	14,330	29,266.32	2.04	19.005	750.42	38.81
AMBULANCES/AIR TRANS	5	62	694.46	11.20	.082	138.89	.92
OTHER TRANS	29	14,132	28,373.37	2.01	18.743	978.39	37.63
OTHER SERVICES	7	136	198.49	1.46	.180	28.36	.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	7	317.00	45.29	.009	158.50	.42
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	16	180.21	11.26	.021	25.74	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	21	289.60	13.79	.028	96.53	.38
PROSTHETICS	3	21	289.60	13.79	.028	96.53	.38
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	270.64	54.13	.007	135.32	.36
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	129	17,173	7,833.12	.46	22.776	60.72	10.39
@CALIF. CHILDREN SERVICES*	3	27	\$ 1,046.93	\$ 38.78	.036	\$ 348.98 \$	1.39
@XOVER EXCLUDING STATE HOSP**	241	2,394	\$ 33,447.79	\$ 13.97	3.175	\$ 138.79 \$	44.36

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,869
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

KINGS COONTI	SOMMAN OF SER	TODO FOR IN HOM	D 5011	IONI IOIAH		MC	ONTHLY AVER	AGE	
1,944 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST				COST PER
_,		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,972	189,604	\$	1,120,707.65	\$ 5.91	97.533	\$ 568.31	\$	576.50
@PHYSICIANS SERVICES	403	3,500	\$		\$ 14.58	1.800			26.25
OUTPATIENT VISITS	28	59	·	1,230.62	20.86	.030	43.95		.63
OFFICE VISITS	20	50		580.73	11.61	.026	29.04		.30
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	7	7		550.14	78.59	.004	78.59		.28
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	2		99.75	49.88	.001	49.88		.05
INPATIENT VISITS	6	31		2,009.52	64.82	.016	334.92		1.03
HOSPITAL VISITS	6	25		1,329.42	53.18	.013	221.57		.68
CRITICAL CARE	1	5		608.00	121.60	.003	608.00		.31
SNF/ICF/TRANS IP CARE	1	ĺ		72.10	72.10	.001	72.10		.04
OPHTHALMOLOGICAL SERVICES	2	1		96.22	96.22	.001	48.11		.05
EXAMINATIONS	2	1		96.22	96.22	.001	48.11		.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2	4		228.06	57.02	.002	114.03		.12
PRINCIPAL SURGEON	2	4		228.06	57.02	.002	114.03		.12
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	2	2		187.78	93.89	.001	93.89		.10
PRINCIPAL SURGEON	2	2		187.78	93.89	.001	93.89		.10
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	5	10		1,530.04	153.00	.005	306.01		.79
PATHOLOGY	6	28		48.10	1.72	.014	8.02		.02
RADIOLOGY	13	23		430.61	18.72	.012	33.12		.22
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	12	1,724		17,640.73	10.23	.887	1470.06		9.07
OTHER SERVICES/ALL X-OVERS	373	1,618		27,628.41	17.08	.832	74.07		14.21
@PHARMACY	1,712	120,134	\$		\$ 5.43	61.797		\$	335.45
PRESCRIPTION DRUGS	1,630	8,014	·	603,408.32	75.29	4.122	370.19		310.40
SNF/ICF	23	170		10,311.43	60.66	.087	448.32		5.30
OUTPATIENTS	1,615	7,844		593,096.89	75.61	4.035	367.24		305.09
MEDICAL SUPPLIES	502	112,120		48,705.69	.43	57.675	97.02		25.05
@DENTIST	69	342	\$		\$ 42.53	.176		\$	7.48
VISITS - DIAGNOSTIC	44	188	·	1,838.50	9.78	.097	41.78		.95
ORAL SURGERY	11	50		2,247.00	44.94	.026	204.27		1.16
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	2	2		236.00	118.00	.001	118.00		.12
ENDODONTICS	4	4		590.00	147.50	.002	147.50		.30
RESTORATIVE DENTISTRY	15	31		1,681.00	54.23	.016	112.07		.86
PROSTHETICS	3	3		60.00	20.00	.002	20.00		.03

DENTURES, STAYPLATES	19	62	7,894.00	127.32	.032	415.47	4.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	C 2004	PAGE 4,870
MOP024	FEE-FOR-SERVICE/DENT	TAL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUPPOR	RT - TOTAL				
					MONTH	DIII 37 AITED A C	· -

							MONTHLY AVERAGE				
1,944 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	40	97	\$	1,875.17	\$	19.33	.050	\$	46.88	\$.96
DIAGNOSTIC AND ANC. PROCED	5	6		196.37		32.73	.003		39.27		.10
EYE APPLIANCES	30	78		1,370.60		17.57	.040		45.69		.71
OTHER OPTOMETRIC SERVICES	9	13		308.20		23.71	.007		34.24		.16
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	31	\$	327.83	\$	10.58	.016	\$	36.43	\$.17
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	9	31		327.83		10.58	.016		36.43		.17
@HOME HEALTH AGENCY	3	16	\$	1,084.93	\$	67.81	.008	\$	361.64	\$.56
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	183	778	\$	103,013.07	\$	132.41	.400	\$	562.91	\$	52.99
HOSP INPATIENT TOTAL	46	39		92,635.48		2375.27	.020		2013.81		47.65
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	6	39			62,001.13		1589.77	.020		10333.52		31.89
ACCOMMODATIONS	6	39			18,103.89		464.20	.020		3017.32		9.31
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	39			18,103.89		464.20	.020		3017.32		9.31
ANCILLARIES	6	0			43,897.24		.00	.000		7316.21		22.58
INPATIENT CROSSOVERS	40	0			30,634.35		.00	.000		765.86		15.76
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	143	739			10,377.59		14.04	.380		72.57		5.34
MEDICAL	8	11			492.10		44.74	.006		61.51		.25
SURGERY	2	3			55.95		18.65	.002		27.98		.03
PATHOLOGY	25	129			1,366.35		10.59	.066		54.65		.70
RADIOLOGY	15	19			1,552.27		81.70	.010		103.48		.80
ROOM USE	13	17			831.01		48.88	.009		63.92		.43
CROSSOVERS/ALL OTH OUTPTNT	111	560			6,079.91		10.86	.288		54.77		3.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND		RES	MONTH-	OF-PAYMENT RE	EPOR'	I FOR JAN	2004 THRU	DEC	2004	PA	GE 4,871
	FEE-FOR-SERVICE/DENTA											03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO	OR IN HOM	E SU	PPORT	- TOTAL							
1 044								N	TNON	HLY AVERA	GE -	

1,944 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	183	778 \$	103,013.07	\$ 132.41	.400	\$ 562.91	\$ 52.99
COMM HOSP INPATIENT TOTAL	46	39	92,635.48	2375.27	.020	2013.81	47.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	39	62,001.13	1589.77	.020	10333.52	31.89
ACCOMMODATIONS	6	39	18,103.89	464.20	.020	3017.32	9.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	39	18,103.89	464.20	.020	3017.32	9.31
ANCILLARIES	6	0	43,897.24	.00	.000	7316.21	22.58
INPATIENT CROSSOVERS	40	0	30,634.35	.00	.000	765.86	15.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	143	739	10,377.59	14.04	.380	72.57	5.34
MEDICAL	8	11	492.10	44.74	.006	61.51	.25
SURGERY	2	3	55.95	18.65	.002	27.98	.03
PATHOLOGY	25	129	1,366.35	10.59	.066	54.65	.70
RADIOLOGY	15	19	1,552.27	81.70	.010	103.48	.80
ROOM USE	13	17	831.01	48.88	.009	63.92	.43

CROSSOVERS/ALL OTH OUTPINT	111	560		6,079.91		10.86	.288		54.77		3.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	35	452	\$	84,889.20	\$	187.81	.233	\$	2425.41	\$	43.67
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	35	452		84,889.20		187.81	.233		2425.41		43.67
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	51	1,280	\$	43,337.93	\$	33.86	.658	\$	849.76	\$	22.29
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	51	1,280		43,337.93		33.86	.658		849.76		22.29
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	58	\$	578.16	\$	9.97	.030	\$	48.18	\$.30
PATHOLOGY	9	52		556.04		10.69	.027		61.78		.29
XO AND OTHERS	3	6		22.12		3.69	.003		7.37		.01
@ORGANIZED OUTPATIENT CLINIC	401	760	\$	63 , 465.75	\$	83.51	.391	\$	158.27	\$	32.65
CLINIC	6	7		70.67		10.10	.004		11.78		.04
SURGICENTER	10	11		1,636.38		148.76	.006		163.64		.84
HEROIN DETOX CLINIC	1	5		73.00		14.60	.003		73.00		.04
RURAL HEALTH CLINIC	390	737		61,685.70		83.70	.379		158.17		31.73
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RE	EPOR'	r for jan 2	004 THRU	DEC	2004	PA	AGE 4,872
MOP024	FEE-FOR-SERVICE	•									03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E SUE	PPORT - TOTAL							
									HLY AVERA	-	
1,944 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	С	COST PER

					MC	MIHLI AVERA	GE
1,944 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	644	62 , 156	\$ 104,445.01	\$ 1.68	31.973	\$ 162.18	\$ 53.73
DURABLE MED. EQUIP.	41	69	9,626.46	139.51	.035	234.79	4.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	40	5,571.36	139.28	.021	198.98	2.87
MEDICAL TRANSPORTATION	103	18,056	44,215.55	2.45	9.288	429.28	22.74
AMBULANCES/AIR TRANS	13	128	2,109.40	16.48	.066	162.26	1.09
OTHER TRANS	73	17,657	41,306.36	2.34	9.083	565.84	21.25
OTHER SERVICES	23	271	799.79	2.95	.139	34.77	.41
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	61	274	17,613.60	64.28	.141	288.75	9.06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	28	61	755.87	12.39	.031	27.00	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	24	421.80	17.58	.012	105.45	.22
PROSTHETICS	4	24	421.80	17.58	.012	105.45	.22
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	18	784.50	43.58	.009	87.17	.40

HOSPICE SERVICES	0	Ō	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	473	43,614	25,455.87	.58	22.435	53.82	13.09
@CALIF. CHILDREN SERVICES*	3	27	\$ 1,046.93	\$ 38.78	.014	\$ 348.98	\$.54
@XOVER EXCLUDING STATE HOSP**	876	13,581	\$ 136,152.15	\$ 10.03	6.986	\$ 155.42	\$ 70.04

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,873 03/14/05

KINGS COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	SST	STANCE - AGED					03/11/03
KINOD COONII	BOILDING OF BEIN	VICED FOR FOREIGN	.001	017114011 710111		MON	ITHLY AVERA	GE	
14,305 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	12,001	442,864	\$	6,006,999.76	\$ 13.56	30.959 \$	500.54	\$	419.92
@PHYSICIANS SERVICES	2,256	11,694	\$	138,535.85	\$ 11.85	.817 \$	61.41	\$	9.68
OUTPATIENT VISITS	21	37		1,327.01	35.87	- 003	63.19		.09
OFFICE VISITS	18	31		868.97	28.03	.002	48.28		.06
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	4	6		458.04	76.34	.000	114.51		.03
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0			.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	3	6		340.62	56.77 56.77	.000	113.54		.02
HOSPITAL VISITS	3	6		340.62			113.54		.02
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2	1		75.43	75.43	.000	37.72		.01
EXAMINATIONS	2	1		75.43	75.43		37.72		.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	12		161.40	13.45	.001	161.40		.01
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	12			13.45	.001	161.40		.01
OUTPATIENT SURGERY	3	15		358.78	23.92	.001	119.59		.03
PRINCIPAL SURGEON	1	3		148.96	49.65	.000	148.96		.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	12		209.82	17.49	.001	104.91		.01
DIALYSIS	4	4		900.16	225.04	.000	225.04		
PATHOLOGY	7 13	9		94.09	10.45	.001	13.44		.01
RADIOLOGY		17		287.81	16.93		22.14		.02
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	5	48		572.86	11.93	.003	114.57		.04
OTHER SERVICES/ALL X-OVERS	2,221 10,255	11,545	Ċ	134,417.69 3,363,367.74	11.64	.807	60.52	Ċ	9.40
@PHARMACY PRESCRIPTION DRUGS	9,998	329,775 43,605	\$	3,303,307.74	73.58	.807 23.053 \$ 3.048	327.97	Ş	235.12 224.30
	9 , 998	•		3,208,565.62					
SNF/ICF OUTPATIENTS	243	1,912		125,499.84 3,083,065.78	65.64	2 015	516.46 315.34		8.77 215.52
OUIPALLENIS	9,777 1,870	41,693			73.95 .54	2.913	82.78		10.82
MEDICAL SUPPLIES @DENTIST	433	286,170 2,242	\$	154,802.12 89,890.90	\$ 40.09	.134 2.915 20.005 .157 \$	207.60	¢	6.28
VISITS - DIAGNOSTIC	282	1,379	ٻ		7 40.09	• I J / Y	44.98	ې	.89
ORAL SURGERY	82	251		· · · · · · · · · · · · · · · · · · ·	9.20 51.45		157.47		.90
OWNT DONGENI	02	231		12,912.13	21.43	.010	101.41		. 50

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	1	1		15.00	15.00	.000	15.00		.00
ANESTHESIA	3	3		300.00	100.00	.000	100.00		.02
PERIODONTICS	38	39		3,862.00	99.03	.003	101.63		.27
ENDODONTICS	20	30		5,820.00	194.00	.002	291.00		.41
RESTORATIVE DENTISTRY	78	197		14,074.40	71.44	.014	180.44		.98
PROSTHETICS	6	7		180.00	25.71	.000	30.00		.01
DENTURES, STAYPLATES	109	330		40,012.75	121.25	.023	367.09		2.80
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1		30.40	30.40	.000	30.40		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	7	4		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	· ·		RES N	ONTH-OF-PAYMENT RE				P	AGE 4,874
MOP024	FEE-FOR-SERVICE		I CLO		2101(1 101(0111(2	2001 111110 21	10 2001	-	03/14/05
KINGS COUNTY		JICES FOR PUBLIC	ASSI	GTANCE - AGED					03/14/03
KINGS COUNTI	DOMMANT OF BEIN	VICES FOR FOREIG	ADDI	ISTANCE AGED		MON	NTHIV AVERA	CF	
14,305 ELIGIBLES	USERS	UNITS OF SERVICE	F.	EXPENDITURES	AVERAGE COST				COST PER
14,303 EDIGIDDES	ODERO	OR DAYS OF CAR		EXTENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	347	954	Ś	18,366.39	\$ 19.25	.067			1.28
DIAGNOSTIC AND ANC. PROCED	46	49	Y	1,933.12	39.45	.003	42.02	Y	.14
EYE APPLIANCES	298	823		14,386.34	17.48	.058	48.28		1.01
OTHER OPTOMETRIC SERVICES	55	82		2,046.93	24.96	.006	37.22		.14
@CHIROPRACTOR	1	2	\$	33.44		.000		ċ	.00
VISITS	0	0	Ą	.00	.00	.000	.00	Ą	.00
OTHER SERVICES	1	2		33.44	16.72	.000	33.44		.00
	62	127	Ś		\$ 8.18	.000		ċ	.07
@PODIATRIST	02	127	Ą	1,039.32	\$ 8.18 .00	.009	.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	ŭ		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	•	0 127							
OTHER	62	12/	<u> </u>	1,039.32	8.18	.009	16.76	<u> </u>	.07
@HOME HEALTH AGENCY	1 3	12	\$	874.95	\$ 72.91	.001			.06
NURSE ANESTHESIST	3	5	\$	116.72	\$ 23.34	.000		\$.01
NURSE MIDWIFE	•	0	Ş	.00	\$.00	.000	•	\$.00
PEDIATRIC NURSE PRACTITIONER			Ş	.00	\$.00	.000	•		.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00 566,530.57	\$.00	.000	•		.00
@TOTAL HOSPITAL	661	2,355	\$	566,530.5/	\$ 240.56	.165	•	Ş	39.60
HOSP INPATIENT TOTAL	208	242		537,867.66	2222.59	.017	2585.90		37.60
HSC HOSPITALS	4	9		9,314.08	2222.59 1034.90 1588.18 443.24	.001	2328.52		.65
NON-HSC HOSPITAL TOTAL	39	233		370,046.46	1588.18	.016	9488.37		25.87
ACCOMMODATIONS	39	233		103,274.65	443.24	.016	2648.07		7.22
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	39	233		103,274.65	443.24	.016	2648.07		7.22
ANCILLARIES	39	0		266,771.81	.00	.000	6840.30		18.65
INPATIENT CROSSOVERS	165	0		158,507.12	.00	.000	960.65		11.08
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	475	2,113		28,662.91	13.57	.148	60.34		2.00
MEDICAL	7	13		475.78	36.60	.001	67.97		.03
SURGERY	2	2		101.23	50.62	.000	50.62		.01
PATHOLOGY	35	141		1,789.31	12.69	.010	51.12		.13
RADIOLOGY	12	13		806.56	62.04	.001	67.21		.06
ROOM USE	6	10		527.25	52.73	.001	87.88		.04
CDOCCOVEDC / ALL OHU OUHDHAM	120	1 02/		24 062 70	12 01	125	56 06		1 75

2

0

439

1,934 2

0

0

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

7.37

.00

.00

24,962.78

12.91

3.69

.00

.00

56.86

3.69 \$

.00

.00

.00

.00

.00

1.75

.135

.000

.000

.000 \$

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	7.37	3.69	.000	3.69	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	2	2	7.37	3.69	.000	3.69	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DI	EC 2004	PAGE 4,875
MOP024	FEE-FOR-SERVICE	·					03/14/05
MOP024 KINGS COUNTY		/DENTAL ICES FOR PUBLIC ASSIS	TANCE - AGED				03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC ASSIS				NTHLY AVERA	GE
		ICES FOR PUBLIC ASSIS	TANCE - AGED EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	GE COST PER
KINGS COUNTY 14,305 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR PUBLIC ASSIST UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
RINGS COUNTY 14,305 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 659	ICES FOR PUBLIC ASSISTANT OF SERVICE OR DAYS OF CARE 2,353 \$	EXPENDITURES 566,523.20	PER UNIT/DAY \$ 240.77	UNITS/DAYS PER ELIG .164	COST PER USER 859.67	GE COST PER ELIGIBLE \$ 39.60
RINGS COUNTY 14,305 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS	ICES FOR PUBLIC ASSIST UNITS OF SERVICE OR DAYS OF CARE 2,353 \$ 242	EXPENDITURES 566,523.20 537,867.66	PER UNIT/DAY \$ 240.77 2222.59	UNITS/DAYS PER ELIG .164 S	COST PER USER \$ 859.67 2585.90	COST PER ELIGIBLE \$ 39.60 37.60
RINGS COUNTY 14,305 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 659 208 4	ICES FOR PUBLIC ASSIST UNITS OF SERVICE OR DAYS OF CARE 2,353 \$ 242 9	EXPENDITURES 566,523.20 537,867.66 9,314.08	PER UNIT/DAY \$ 240.77 2222.59 1034.90	UNITS/DAYS PER ELIG .164 .017 .001	COST PER USER \$ 859.67 2585.90 2328.52	COST PER ELIGIBLE \$ 39.60 37.60 .65
RINGS COUNTY 14,305 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 659 208 4 39	ICES FOR PUBLIC ASSIST UNITS OF SERVICE OR DAYS OF CARE 2,353 \$ 242 9 233	566,523.20 537,867.66 9,314.08 370,046.46	PER UNIT/DAY \$ 240.77 2222.59 1034.90 1588.18	UNITS/DAYS PER ELIG .164 .017 .001 .016	COST PER USER \$ 859.67 2585.90 2328.52 9488.37	COST PER ELIGIBLE \$ 39.60 37.60 .65 25.87
RINGS COUNTY 14,305 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 659 208 4	ICES FOR PUBLIC ASSIST UNITS OF SERVICE OR DAYS OF CARE 2,353 \$ 242 9	566,523.20 537,867.66 9,314.08 370,046.46 103,274.65	PER UNIT/DAY \$ 240.77 2222.59 1034.90 1588.18 443.24	UNITS/DAYS PER ELIG .164 .017 .001 .016 .016	COST PER USER \$ 859.67 2585.90 2328.52 9488.37 2648.07	COST PER ELIGIBLE \$ 39.60 37.60 .65 25.87 7.22
RINGS COUNTY 14,305 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 659 208 4 39	ICES FOR PUBLIC ASSIST UNITS OF SERVICE OR DAYS OF CARE 2,353 \$ 242 9 233	566,523.20 537,867.66 9,314.08 370,046.46 103,274.65	PER UNIT/DAY \$ 240.77 2222.59 1034.90 1588.18 443.24 .00	UNITS/DAYS PER ELIG .164 .017 .001 .016 .016 .000	COST PER USER \$ 859.67 2585.90 2328.52 9488.37 2648.07	COST PER ELIGIBLE \$ 39.60 37.60 .65 25.87 7.22 .00
KINGS COUNTY 14,305 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 659 208 4 39 39 0 0	UNITS OF SERVICE OR DAYS OF CARE 2,353 \$ 242 9 233 233 0 0	566,523.20 537,867.66 9,314.08 370,046.46 103,274.65 .00	PER UNIT/DAY \$ 240.77 2222.59 1034.90 1588.18 443.24 .00 .00	UNITS/DAYS PER ELIG .164 .017 .001 .016 .016 .000 .000	COST PER USER \$ 859.67 2585.90 2328.52 9488.37 2648.07 .00	COST PER ELIGIBLE \$ 39.60 37.60 .65 25.87 7.22 .00 .00
RINGS COUNTY 14,305 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 659 208 4 39 39 0 0 39	ICES FOR PUBLIC ASSIST UNITS OF SERVICE OR DAYS OF CARE 2,353 \$ 242 9 233	566,523.20 537,867.66 9,314.08 370,046.46 103,274.65 .00 .00 103,274.65	PER UNIT/DAY \$ 240.77 2222.59 1034.90 1588.18 443.24 .00 .00 443.24	UNITS/DAYS PER ELIG .164 .017 .001 .016 .016 .000 .000 .016	COST PER USER 859.67 2585.90 2328.52 9488.37 2648.07 .00 .00 2648.07	COST PER ELIGIBLE \$ 39.60 37.60 .65 25.87 7.22 .00 .00 7.22
KINGS COUNTY 14,305 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 659 208 4 39 39 0 0 39 39 39	UNITS OF SERVICE OR DAYS OF CARE 2,353 \$ 242 9 233 233 0 0	566,523.20 537,867.66 9,314.08 370,046.46 103,274.65 .00 .00 103,274.65 266,771.81	PER UNIT/DAY \$ 240.77 2222.59 1034.90 1588.18 443.24 .00 .00 443.24 .00	UNITS/DAYS PER ELIG .164 .017 .001 .016 .016 .000 .000 .000	COST PER USER 859.67 2585.90 2328.52 9488.37 2648.07 .00 .00 2648.07 6840.30	COST PER ELIGIBLE \$ 39.60 37.60 .65 25.87 7.22 .00 .00 7.22 18.65
RINGS COUNTY 14,305 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 659 208 4 39 39 0 0 39	UNITS OF SERVICE OR DAYS OF CARE 2,353 \$ 242 9 233 233 0 0	566,523.20 537,867.66 9,314.08 370,046.46 103,274.65 .00 .00 103,274.65	PER UNIT/DAY \$ 240.77 2222.59 1034.90 1588.18 443.24 .00 .00 443.24	UNITS/DAYS PER ELIG .164 .017 .001 .016 .016 .000 .000 .016	COST PER USER 859.67 2585.90 2328.52 9488.37 2648.07 .00 .00 2648.07	COST PER ELIGIBLE \$ 39.60 37.60 .65 25.87 7.22 .00 .00 7.22

COMM HOSP OUTPATIENT TOTAL	473	2,111		28,655.54		13.57	.148		60.58		2.00
MEDICAL	7	13		475.78		36.60	.001		67.97		.03
SURGERY	2	2		101.23		50.62	.000		50.62		.01
PATHOLOGY	35	141		1,789.31		12.69	.010		51.12		.13
RADIOLOGY	12	13		806.56		62.04	.001		67.21		.06
ROOM USE	6	10		527.25		52.73	.001		87.88		.04
CROSSOVERS/ALL OTH OUTPTNT	437	1,932		24,955.41		12.92	.135		57.11		1.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	302	6 , 177	\$	1,107,030.47	\$	179.22	.432	\$	3665.66	\$	77.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	11	351		203,604.57		580.07	.025		18509.51		14.23
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	296	5,826		903,425.90		155.07	.407		3052.11		63.15
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	131	2,596	\$	95,641.66	\$	36.84	.181	\$	730.09	\$	6.69
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	131	2,596		95,641.66		36.84	.181		730.09		6.69
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	90	\$	815.02	\$	9.06	.006	\$	54.33	\$.06
PATHOLOGY	9	74		720.10		9.73	.005		80.01		.05
XO AND OTHERS	6	16		94.92		5.93	.001		15.82		.01
@ORGANIZED OUTPATIENT CLINIC	3,434	6,247	\$	314,716.40	\$	50.38	.437	\$	91.65	\$	22.00
CLINIC	9	10		131.61		13.16	.001		14.62		.01
SURGICENTER	94	105		15,229.28		145.04	.007		162.01		1.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,357	6,132		299,355.51		48.82	.429		89.17		20.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M		EPOR'	r for jan 2	004 THRU	DEC	2004	PA	AGE 4,876
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE - AGED							

USERS EXPENDITURES 14,305 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,370 80,588 310,040.33 5.634 \$ 130.82 \$ @ALL OTHER PROVIDERS 3.85 21.67 82.18 DURABLE MED. EQUIP. 56 89 7,314.28 .006 130.61 .51 0 0 .00 BLOOD BANK .00 .00 .000 .00 147 30,922.05 HEARING AID DISPENSERS 234 132.15 .016 210.35 2.16 MEDICAL TRANSPORTATION 366 33,360 95,487.67 2.86 2.332 260.90 6.68 AMBULANCES/AIR TRANS 55 306 7,523.22 24.59 .021 136.79 .53 207 32,330 82,784.74 2.56 399.93 5.79 OTHER TRANS 2.260 OTHER SERVICES 138 724 5,179.71 7.15 .051 37.53 .36 .000 ACUPUNCTURE 86.50 21.63 43.25 .01 129 8,993.22 69.71 1498.87 ADULT DAY HEALTH CARE CTR 6 .009 .63 .00 GENETIC DISEASE TESTING Ω Ω .00 .000 .00 .00 64,099.84 IHMC, MODEL-NF, NF, AIDS, MSSP 202 932 68.78 .065 317.33 4.48 OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .000 291 612 7,526.23 12.30 25.86 OPTICIAN .043 .53 .00 PHYSICAL THERAPIST .00 .00 .000 .00

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	11	17	30.03	1.77	.001	2.73	.00
PROSTHETIST/ORTHOTISTS	9	42	713.49	16.99	.003	79.28	.05
PROSTHETICS	9	42	713.49	16.99	.003	79.28	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.49	38.49	.000	38.49	.00
SPEECH AND AUDIOLOGY	76	146	19,401.36	132.89	.010	255.28	1.36
HOSPICE SERVICES	6	146	17,787.18	121.83	.010	2964.53	1.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,473	44,876	57 , 639.99	1.28	3.137	39.13	4.03
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,170	43,207	\$ 664,122.15	\$ 15.37	3.020	\$ 159.26	\$ 46.43

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,877
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

----- MONTHLY AVERAGE -----1,164 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 42,618 \$ 1,146,360.66 \$ 26.90 36.613 \$ 1150.96 \$ 984.85 @PHYSICIANS SERVICES 317 1.514 \$ 173.88 \$ 1,762 55,119.48 \$ 31.28 108 174 .149 82.97 OUTPATIENT VISITS 8,960.91 51.50 53 42.63 OFFICE VISITS 2,259.27 31.82 .061 0 0 .00 .00 HOME VISITS .00 .000
76.25 .063
.00 .000
.00 .000
37.84 .026
48.77 .102
52.69 .064
121.60 .011
10.11 .027
41.37 .020
41.37 .020
.00 .000
70.23 .050
259.41 .010 .00 .000 .00 73 50 0 0 EMERGENCY ROOM 5,566.33 111.33 4.78 .00 .00 PREVENTIVE CARE .00 0 OB VISITS/COMPRE PERI .00 .00 18 26 30 119 63.07 223.22 OTHER OUTPATIENT 1,135.31 .98 5,803.70 INPATIENT VISITS 4.99 74 155.97 HOSPITAL VISITS 3,899.36 CRITICAL CARE 1 13 1,580.80 1580.80 1.36 323.54 32 23 SNF/ICF/TRANS IP CARE 161.77 .28 23 23 0 58 12 OPHTHALMOLOGICAL SERVICES 951.46 .020 59.47 16 59.47 16 951.46 EXAMINATIONS .82 SERVICES AND MATERIALS 0 .00 .00 .00 INPATIENT HOSPITAL SURGERY 11 4,073.33 370.30 PRINCIPAL SURGEON 259.41 .00 20.88 142.60 367.66 518.81 3,112.88 259.41 .010 2.67 ASSISTANT SURGEON .00 .000 .00 .00 960.45 13,119.10 46 .040 160.08 ANESTHESIOLOGIST .83 31 26 0 .079 423.20 OUTPATIENT SURGERY 92 32 452.50 11,765.09 .027 PRINCIPAL SURGEON 10.11 .00 0 .00 .000 .00 ASSISTANT SURGEON 150.45 502.45 9 1,354.01 60 22.57 .052 ANESTHESIOLOGIST 1.16 12 116 6,029.38 51.98 DIALYSIS .100 5.18 17 39 17.66 40.52 PATHOLOGY .034 688.76 75 0 136 4,544.32 33.41 60.59 RADIOLOGY .117 3.90 .00 0 .00 .00 .000 PSYCHIATRY .00 301.60 50.27 .005 50.27 IMMUNIZATION AND INJECTION 10,646.92 OTHER SERVICES/ALL X-OVERS 186 999 10.66 .858 57.24 9.15 31,779 810 414,084.84 \$ 13.03 @PHARMACY 27.302 \$ 511.22 \$ 355.74 PRESCRIPTION DRUGS 780 3,954 391,238.90 98.95 3.397 501.59 336.12

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF OUTPATIENTS	6 775	39 3 , 915		2,258.14 388,980.76		57.90 99.36	.034 3.363		6.36 1.91		1.94 334.18
MEDICAL SUPPLIES	222 2	.7 , 825		22,845.94		.82	23.905	10	2.91		19.63
@DENTIST	36	201	\$	7,667.50	\$	38.15	.173	\$ 21	2.99	\$	6.59
VISITS - DIAGNOSTIC	24	136		1,467.50		10.79	.117	6	1.15		1.26
ORAL SURGERY	6	11		535.00		48.64	.009	8	9.17		.46
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001	10	0.00		.09
PERIODONTICS	2	2		236.00		118.00	.002	11	8.00		.20
ENDODONTICS	2	2		590.00		295.00	.002	29	5.00		.51
RESTORATIVE DENTISTRY	9	12		1,684.00		140.33	.010	18	7.11		1.45
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	37		3,055.00		82.57	.032	50	9.17		2.62
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU:	RES MOI	NTH-OF-PAYMENT RE	EPORT :	FOR JAN	2004 THRU	DEC 200	4	PA	AGE 4,878
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSIS	TANCE - BLIND							

----- MONTHLY AVERAGE -----

12.86

.348

68.52

4.47

PATHOLOGY

1,164 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 72 2,254.74 \$ 31.32 .062 \$ 83.51 \$ 1.94 11 37.57 51.66 DIAGNOSTIC AND ANC. PROCED 8 413.27 .009 EYE APPLIANCES 23 1,813.46 30.74 .051 78.85 28.01 OTHER OPTOMETRIC SERVICES 28.01 14.01 .002 .02 .00 \$.00 .00 \$ @CHIROPRACTOR .000 \$.00 .00 0 VISITS .00 .000 .00 .00 0 4 .00 .00 OTHER SERVICES .000 .00 8.14 \$ 2.04 4.07 \$ @PODIATRIST .003 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 0 .00 SURGERY/ANES. .00 .000 RADIO./PATHOLOGY 0 .00 .00 .000 .00 OTHER 4 8.14 2.04 .003 4.07 .01 4 77 \$ 4 \$ 5,658.05 \$ @HOME HEALTH AGENCY 73.48 .066 \$ 1886.02 \$ 92.79 \$ 23.20 .003 \$ 92.79 \$ NURSE ANESTHESIST .00 \$.00 \$.00 .000 \$.00 NURSE MIDWIFE .00 \$ PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 0 0 .00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER .00 \$ 179 1,641 292,263.29 \$ 178.10 1.410 \$ 1632.76 \$ @TOTAL HOSPITAL 251.09 1194.67 254,463.67 HOSP INPATIENT TOTAL 213 .183 7484.23 218.61 39,240.00 24 1635.00 .021 6540.00 HSC HOSPITALS 1047.23 17993.38 NON-HSC HOSPITAL TOTAL 11 189 197,927.22 1047.23 426.95 .00 .00 426.95 .162 170.04 11 7335.84 ACCOMMODATIONS 189 80,694.21 .162 0 0 11 11 17 0 .00 .00 ADMINISTRATIVE DAYS .000 0 TRANSITIONAL IP CARE .000 .00 .00 80,694.21 426.95 ALL OTHER ACCOM 189 .162 7335.84 69.32 0 .00 .000 10657.55 100.72 ANCILLARIES 117,233.01 INPATIENT CROSSOVERS 17,296.45 .00 1017.44 14.86 0 .000 .00 .00 0 .00 .000 .00 ALL OTHER INPATIENT 155 37,799.62 1.227 HOSP OUTPATIENT TOTAL 1,428 26.47 243.87 32.47 .169 52 197 11,426.84 58.00 219.75 MEDICAL 9.82 1,772.71 5,207.85 25 1,772.71 70.91 .021 80.58 SURGERY 1.52

76

RADIOLOGY	44	72	6,229.80	86.	.062	141.59	5.35
ROOM USE	65	123	6,205.39	50.4	15 .106	95.47	5.33
CROSSOVERS/ALL OTH OUTPINT	88	606	6,957.03	11.4	18 .521	79.06	5.98
@COUNTY HOSPITAL TOTAL	2	10	\$ 144.65	\$ 14.	.009	\$ 72.33	\$.12
CO HOSPITAL INPATIENT TOTAL	0	0	.00	. (.000	.00	.00
HSC HOSPITALS	0	0	.00	. (.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	. (.000	.00	.00
ACCOMMODATIONS	0	0	.00	. (.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	. (.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	. (.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (.000	.00	.00
ANCILLARIES	0	0	.00	. (.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	. (.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	. (.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	10	144.65	14.4	.009	72.33	.12
MEDICAL	0	0	.00	. (.000	.00	.00
SURGERY	0	0	.00	. (.000	.00	.00
PATHOLOGY	1	9	108.15	12.0	.008	108.15	.09
RADIOLOGY	0	0	.00	. (.000	.00	.00
ROOM USE	1	1	36.50	36.	.001	36.50	.03
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	. (.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-PAYMENT	REPORT FOR	JAN 2004 THRU	DEC 2004	PAGE 4,879
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	PUBLIC A	SSISTANCE - BLIND				
						MONTHLY AVERA	GE

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 1,164 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,631 \$ 177 292,118.64 \$ 179.10 1.401 \$ 1650.39 \$ 250.96 @COMMUNITY HOSPITAL TOTAL 34 213 .183 COMM HOSP INPATIENT TOTAL 254,463.67 1194.67 7484.23 218.61 1635.00 .021 1047.23 .162 24 39,240.00 6540.00 HSC HOSPITALS 6 33.71 197,927.22 11 189 NON-HSC HOSPITALS TOTAL
 1047.23
 162
 17993.38

 80,694.21
 426.95
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 7335.84

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 80,694.21
 426.95
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 7335.84

 117,233.01
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 10657.55

 17,296.45
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 1017.44

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 37,654.97
 26.55
 1000
 .000
 .162 17993.38 170.04 11 0 0 11 189 ACCOMMODATIONS 69.32 0 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 189 ALL OTHER ACCOM 117,233.01 17,296.45 .00 .000 .000 .00 .00 .000 .000 37,654.97 26.55 1.218 246.11 11,426.84 58.00 .169 219.75 1 772.71 70.91 .021 80.58 1 2 98 .340 68.00 ANCILLARIES 11 0 100.72 17 0 INPATIENT CROSSOVERS 14.86 0 ALL OTHER INPATIENT 0 153 COMM HOSP OUTPATIENT TOTAL 1,418 32.35 52 197 MEDICAL 25 SURGERY 75 PATHOLOGY 396 4.38 141.59 6,229.80 RADIOLOGY 72 5.35 96.39 122 6,168.89 6,957.03 .521 79.06 CROSSOVERS/ALL OTH OUTPINT 88 606 .7.81 .2 481.14 .11 .00 .000 .00 .000 .00 .000 .77 .066 .000 .04 @STATE HOSPITAL 247 110,609.83 \$ 447.81 .212 \$ 12289.98 \$ 0 247 130 \$.00 .00 110,609.83 447.81 MENTALLY ILL .000 .00 9 12289.98 DEVELOP. DISABLED 95.03 1.3 62,548.26 \$ 481.14 .112 \$ 4811.40 \$ @NURSING FACILITY 53.74 .00 0 LEV A-INTERMEDIATE .00 0 .00 LEV B-REHAB MD .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 77 44,665.39 LEV B-SUBACUTE HSPTL BASED 14888.46 0 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 17,882.87 53 .046 1788.29 LEV B-REGULAR 10 15.36 .00 \$.00 @INTERMEDIATE CARE FACIL.-DD .000 \$.00 \$

TCF DD	ICF DDH	0	0		.00		.00	.000		.00		.00
HARDOLALYSIS TOTAL	ICF DD	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED	ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	@HEMODIALYSIS TOTAL	77	1,401	\$	78,066.31	\$	55.72	1.204	\$	1013.85	\$	67.07
REBILITATION FACILITY	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED	HEMODIALYSIS CENTER	77	1,401		78,066.31		55.72	1.204		1013.85		67.07
CABORATORY FACILITY	@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLABORATORY FACILITY	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
PATHOLOGY 39 138 1,688.16 12.23 119 43.29 1.45 XO AND OTHERS 5 17 59.59 3.51 .015 11.92 .05 60 GORGANIZED OUTPATIENT CLINIC 321 596 \$ 74,841.75 \$ 125.57 .512 \$ 233.15 \$ 64.30 CLINIC 0 0 0 0 .00 .00 .00 .00 .00 .00 SURGICENTER 4 16 1,305.97 81.62 .014 326.49 1.12 HEROIN DETOX CLINIC 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS 5	@LABORATORY FACILITY		155	\$	1,747.75	\$	11.28	.133	\$	39.72	\$	1.50
CLINIC	PATHOLOGY	39	138		1,688.16		12.23	.119		43.29		1.45
CLINIC 0	XO AND OTHERS	5	17		59.59		3.51	.015		11.92		.05
SURGICENTER	@ORGANIZED OUTPATIENT CLINIC	321	596	\$	74,841.75	\$	125.57	.512	\$	233.15	\$	64.30
HEROIN DETOX CLINIC O	CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC 319 580 73,535.78 126.79 .498 230.52 63.18 #CALIF DEPT OF HEALTH SERV MCDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,880 03/14/05 KINGS COUNTY SUMMARY OF SERVICE FOR PUBLIC ASSISTANCE - BLIND MONTHLY AVERAGE	SURGICENTER	4	16		1,305.97		81.62	.014		326.49		1.12
#CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 03/14/05 NOTHER SERVICES FOR PUBLIC ASSISTANCE - BLIND 03/14/05 NOTHER SERVICES NOTHER SERVICES FOR PUBLIC ASSISTANCE - BLIND 03/14/05 NOTHER SERVICES NOTHER SERVIC	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
MOPO24 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND SUMMARY OF SERVICE SUSTINE SU	RURAL HEALTH CLINIC	319	580		73,535.78		126.79	.498		230.52		63.18
NUMBER SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND SUMMARY OF SERVICE	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	Ρ	AGE 4,880
Table Tabl	MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
1,164 ELIGIBLES	KINGS COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASS	ISTANCE - BLIND							
CALL OTHER PROVIDERS 207 4,549 \$ 41,397.93 \$ 9.10 3.908 \$ 199.99 \$ 35.57 DURABLE MED. EQUIP. 18 57 2,997.02 52.58 .049 166.50 2.57 BLOOD BANK 0 0 .00 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 10 15 1,167.96 77.86 .013 116.80 1.00 MEDICAL TRANSPORTATION 59 3,797 15,595.40 4.11 3.262 264.33 13.40 AMBULANCES/AIR TRANS 31 660 6,355.29 9.63 .567 205.01 5.46 OTHER TRANS 28 3,080 8,953.31 2.91 2.646 319.76 7.69 OTHER SERVICES 9 57 286.80 5.03 .049 31.87 .25								M	ONT	HLY AVERA	GΕ	
@ALL OTHER PROVIDERS 207 4,549 \$ 41,397.93 \$ 9.10 3.908 \$ 199.99 \$ 35.57 DURABLE MED. EQUIP. 18 57 2,997.02 52.58 .049 166.50 2.57 BLOOD BANK 0 0 .00 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 10 15 1,167.96 77.86 .013 116.80 1.00 MEDICAL TRANSPORTATION 59 3,797 15,595.40 4.11 3.262 264.33 13.40 AMBULANCES/AIR TRANS 31 660 6,355.29 9.63 .567 205.01 5.46 OTHER TRANS 28 3,080 8,953.31 2.91 2.646 319.76 7.69 OTHER SERVICES 9 57 286.80 5.03 .049 31.87 .25	1,164 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
DURABLE MED. EQUIP. 18 57 2,997.02 52.58 .049 166.50 2.57 BLOOD BANK 0 0 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 10 15 1,167.96 77.86 .013 116.80 1.00 MEDICAL TRANSPORTATION 59 3,797 15,595.40 4.11 3.262 264.33 13.40 AMBULANCES/AIR TRANS 31 660 6,355.29 9.63 .567 205.01 5.46 OTHER TRANS 28 3,080 8,953.31 2.91 2.646 319.76 7.69 OTHER SERVICES 9 57 286.80 5.03 .049 31.87 .25			OR DAYS OF CAR	E		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
BLOOD BANK 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@ALL OTHER PROVIDERS	207	4,549	\$	41,397.93	\$	9.10	3.908	\$	199.99	\$	35.57
HEARING AID DISPENSERS 10 15 1,167.96 77.86 .013 116.80 1.00 MEDICAL TRANSPORTATION 59 3,797 15,595.40 4.11 3.262 264.33 13.40 AMBULANCES/AIR TRANS 31 660 6,355.29 9.63 .567 205.01 5.46 OTHER TRANS 28 3,080 8,953.31 2.91 2.646 319.76 7.69 OTHER SERVICES 9 57 286.80 5.03 .049 31.87 .25	DURABLE MED. EQUIP.	18	57		2,997.02		52.58	.049		166.50		2.57
MEDICAL TRANSPORTATION 59 3,797 15,595.40 4.11 3.262 264.33 13.40 AMBULANCES/AIR TRANS 31 660 6,355.29 9.63 .567 205.01 5.46 OTHER TRANS 28 3,080 8,953.31 2.91 2.646 319.76 7.69 OTHER SERVICES 9 57 286.80 5.03 .049 31.87 .25	BLOOD BANK	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS 31 660 6,355.29 9.63 .567 205.01 5.46 OTHER TRANS 28 3,080 8,953.31 2.91 2.646 319.76 7.69 OTHER SERVICES 9 57 286.80 5.03 .049 31.87 .25	HEARING AID DISPENSERS	10	15		1,167.96		77.86	.013		116.80		1.00
OTHER TRANS 28 3,080 8,953.31 2.91 2.646 319.76 7.69 OTHER SERVICES 9 57 286.80 5.03 .049 31.87 .25	MEDICAL TRANSPORTATION	59	3 , 797		15,595.40		4.11	3.262		264.33		13.40
OTHER SERVICES 9 57 286.80 5.03 .049 31.87 .25	AMBULANCES/AIR TRANS	31	660		6,355.29		9.63	.567		205.01		5.46
	OTHER TRANS	28	3,080		8,953.31		2.91	2.646		319.76		7.69
ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00	OTHER SERVICES	9	57		286.80		5.03	.049		31.87		.25
	ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
28	226		10,398.24	46.01	.194	371.37	8.93
0	0		.00	.00	.000	.00	.00
18	44		4,054.16	92.14	.038	225.23	3.48
1	22		307.87	13.99	.019	307.87	.26
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
1	3		265.92	88.64	.003	265.92	.23
4	8		3,314.78	414.35	.007	828.70	2.85
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
22	95		1,305.14	13.74	.082	59.32	1.12
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
81	282		1,991.44	7.06	.242	24.59	1.71
29	639	\$	56,240.21	\$ 88.01	.549	\$ 1939.32	\$ 48.32
270	2,210	\$	89,613.96	\$ 40.55	1.899	\$ 331.90	\$ 76.99
	0 18 1 0 0 0 0 0 1 4 0 0 22 0 0 0 0	0 0 0 18 44 44 1 222 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 18 44 1 222 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 28 226 10,398.24 0 0 .00 18 44 4,054.16 1 22 307.87 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 1 3 265.92 4 8 3,314.78 0 0 .00 0 0 .00 22 95 1,305.14 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00	0 0 .00 .00 28 226 10,398.24 46.01 0 0 .00 .00 18 44 4,054.16 92.14 1 22 307.87 13.99 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 1 3 265.92 88.64 4 8 3,314.78 414.35 0 0 .00 .00 0 0 .00 .00 22 95 1,305.14 13.74 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 .00 .00 .	0 0 .00 .00 .00 28 226 10,398.24 46.01 .194 0 0 .00 .00 .00 18 44 4,054.16 92.14 .038 1 22 307.87 13.99 .019 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 1 3 265.92 88.64 .003 4 8 3,314.78 414.35 .007 0 0 .00 .00 .00 0 0 .00 .00 .00 22 95 1,305.14 13.74 .082 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00	0 0 .00 .00 .00 .00 28 226 10,398.24 46.01 .194 371.37 0 0 .00 .00 .000 .00 18 44 4,054.16 92.14 .038 225.23 1 22 307.87 13.99 .019 307.87 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 .000 1 3 265.92 88.64 .003 265.92 48.64 .003 265.92 48.64 .003 265.92 48.64 .003 265.92 48.64 .003 265.92 28.70 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,881
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----

UNITS OF SERVICE 42,679 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 35,924 26,896,362.08 748.70 \$ 630.20 @TOTAL, ALL PROVIDERS 1,403,322 \$ 19.17 32.881 \$ 9,545 32.06 @PHYSICIANS SERVICES 44,123 1,414,511.24 \$ 1.034 \$ 148.19 \$ 7.97 OUTPATIENT VISITS 4,322 6,676 340,326.91 50.98 .156 78.74 OFFICE VISITS 1,622 2,283 65,986.73 28.90 .053 40.68 7 247.00 35.29 .000 41.17 HOME VISITS .01 EMERGENCY ROOM 2,410 3,582 243,317.81 67.93 .084 100.96 5.70 .00 PREVENTIVE CARE 3 3 92.22 30.74 .000 30.74 47 6,210.61 37.87 .004 132.14 OB VISITS/COMPRE PERI 164 OTHER OUTPATIENT 489 637 24,472.54 38.42 .015 50.05 .57 768 INPATIENT VISITS 3,718 187,097.62 50.32 .087 243.62 4.38 665 3,370 44.32 .079 224.60 HOSPITAL VISITS 149,360.66 37 CRITICAL CARE 205 32,475.48 158.42 .005 877.72 .76 SNF/ICF/TRANS IP CARE 115 143 5,261.48 36.79 .003 45.75 .12 136 39.63 .004 49.24 OPHTHALMOLOGICAL SERVICES 169 6,696.76 EXAMINATIONS 136 169 6,696.76 39.63 .004 49.24 .16 .00 0 0 .00 .000 .00 SERVICES AND MATERIALS .00 267 1,300 129,045.93 99.27 .030 483.32 INPATIENT HOSPITAL SURGERY 218 319 103,926.31 325.79 .007 476.73 PRINCIPAL SURGEON 2.44 26 26 5,827.25 224.13 224.13 ASSISTANT SURGEON .001 .14 78 20.20 247.34 ANESTHESIOLOGIST 955 19,292.37 .022 544 1,595 108,526.78 199.50 OUTPATIENT SURGERY 68.04 .037 2.54 453 552 91,780.78 202.61 PRINCIPAL SURGEON 166.27 .013 2.15 4 726.74 181.69 .000 181.69 .02 ASSISTANT SURGEON 16,019.26 15.42 ANESTHESIOLOGIST 116 1,039 .024 138.10 .38 52 20,245.73 DIALYSIS 261 77.57 .006 389.34 .47 PATHOLOGY 602 2,850 26,117.69 9.16 .067 43.38

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DA DECT OCH	0 441	4 660		100 510 50		07.75	100		F2 06		2 02
RADIOLOGY	2,441	4,668		129,519.52		27.75	.109		53.06		3.03
PSYCHIATRY	U	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	272	7,302		222,248.83		30.44	.171		817.09		5.21
OTHER SERVICES/ALL X-OVERS	4,756	15 , 584		244,685.47		15.70	.365		51.45		5.73
@PHARMACY	•	853 , 646	\$	11,962,775.83	\$	14.01	20.002	\$	420.03	\$	280.30
PRESCRIPTION DRUGS	•	132,028		11,318,158.21		85.73	3.094		406.62		265.19
SNF/ICF	476	4,323		358 , 789.13		83.00	.101		753.76		8.41
OUTPATIENTS	27 , 440	127,705		10,959,369.08		85.82	2.992		399.39		256.79
MEDICAL SUPPLIES	4,221	721,618		644 , 617.62		.89	16.908		152.72		15.10
@DENTIST	1,870	10,262	\$	339,785.19	\$	33.11	.240	\$	181.70	\$	7.96
VISITS - DIAGNOSTIC	1,348	6 , 958		73,167.30		10.52	.163		54.28		1.71
ORAL SURGERY	310	824		46,776.00		56.77	.019		150.89		1.10
DRUGS	5	11		175.00		15.91	.000		35.00		.00
ANESTHESIA	46	50		4,400.00		88.00	.001		95.65		.10
PERIODONTICS	206	250		23,759.00		95.04	.006		115.33		.56
ENDODONTICS	133	213		44,126.00		207.16	.005		331.77		1.03
RESTORATIVE DENTISTRY	448	1,174		78,091.50		66.52	.028		174.31		1.83
PROSTHETICS	21	21		625.00		29.76	.000		29.76		.01
DENTURES, STAYPLATES	173	602		56,588.50		94.00	.014		327.10		1.33
SPACE MAINTAINERS	8	11		915.00		83.18	.000		114.38		.02
MAXILLOFACIAL SERVICES	54	59		5,541.89		93.93	.001		102.63		.13
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.02
ORTHODONTIC SERVICES	47	55		4,745.00		86.27	.001		100.96		.11
ALL OTHER SERVICES	37	33		75.00		2.27	.001		2.03		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES MO		SPORT			DEC		P.F	AGE 4,882
MOP024	FEE-FOR-SERVICE/DENTAI										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO		C ASSTS	STANCE - DISABLED							22, = 1, 00

NINGS COONII	SOMMAN OF SEN	VICES FOR TODALC	ADDI	STANCE DISABILED					~-	
			_		 			THLY AVERA	.GE	
42,679 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	ERAGE COST	/	-	COST PER		COST PER
		OR DAYS OF CAR			R UNIT/DAY	_		USER		ELIGIBLE
@OPTOMETRIST	1,315	3 , 978	\$	85,484.38	\$ 21.49	.093	\$		\$	2.00
DIAGNOSTIC AND ANC. PROCED	734	810		32,086.95	39.61	.019		43.72		.75
EYE APPLIANCES	1,084	3 , 091		50,856.81	16.45	.072		46.92		1.19
OTHER OPTOMETRIC SERVICES	70	77		2,540.62	33.00	.002		36.29		.06
@CHIROPRACTOR	41	89	\$	1,463.00	\$.002	\$		\$.03
VISITS	38	85		1,412.84	16.62	.002		37.18		.03
OTHER SERVICES	3	4		50.16	12.54	.000		16.72		.00
@PODIATRIST	78	173	\$	2,238.55	\$ 12.94	.004	\$	28.70	\$.05
MEDICINE/INJECTIONS	21	31		777.20	25.07	.001		37.01		.02
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000		34.60		.00
OTHER	58	140		1,426.75	10.19	.003		24.60		.03
@HOME HEALTH AGENCY	159	1,081	\$	75 , 823.93	\$ 70.14	.025	\$	476.88	\$	1.78
NURSE ANESTHESIST	19	182	\$	2,708.28	\$ 14.88	.004	\$	142.54	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	8	10	\$	203.08	\$ 20.31	.000	\$	25.39	\$.00
@TOTAL HOSPITAL	6 , 524	41,544	\$	5,830,802.81	\$ 140.35	.973	\$	893.75	\$	136.62
HOSP INPATIENT TOTAL	778	3,200		4,913,752.57	1535.55	.075		6315.88		115.13
HSC HOSPITALS	167	1,424		2,224,975.59	1562.48	.033		13323.21		52.13
NON-HSC HOSPITAL TOTAL	394	1,776		2,473,530.76	1392.75	.042		6278.00		57.96
ACCOMMODATIONS	392	1,776		760,018.56	427.94	.042		1938.82		17.81
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000		231.30		.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	391	1,775		759,787.26	428.05	.042		1943.19		17.80
ANCILLARIES	393	0		1,713,512.20	.00	.000		4360.08		40.15

INPATIENT CROSSOVERS	222	0	215,246.22	.00	.000	969.58	5.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,080	38,344	917,050.24	23.92	.898	150.83	21.49
MEDICAL	1,871	3,721	139,292.09	37.43	.087	74.45	3.26
SURGERY	360	418	19,464.99	46.57	.010	54.07	.46
PATHOLOGY	3,124	16,802	210,807.64	12.55	.394	67.48	4.94
RADIOLOGY	1,680	2,504	202,155.05	80.73	.059	120.33	4.74
ROOM USE	2,820	4,440	179,275.20	40.38	.104	63.57	4.20
CROSSOVERS/ALL OTH OUTPTNT		10,459	166,055.27	15.88	.245	65.35	3.89
@COUNTY HOSPITAL TOTAL	39	167 \$	19,877.24	\$ 119.03	.004		
CO HOSPITAL INPATIENT TOTAL		13	16,219.68	1247.67	.000	4054.92	.38
HSC HOSPITALS	3	13	15,535.00	1195.00	.000	5178.33	.36
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
TRANSITIONAL IP CARE	0	0			.000		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	-		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	684.68	.00	.000	684.68	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	35	154	3,657.56	23.75	.004	104.50	.09
MEDICAL	8	13	437.17	33.63	.000	54.65	.01
SURGERY	1	1	76.46	76.46	.000	76.46	.00
PATHOLOGY	20	59	616.71	10.45	.001	30.84	.01
RADIOLOGY	5	7	816.96	116.71	.000	163.39	.02
ROOM USE	16	18	810.56	45.03	.000	50.66	.02
CROSSOVERS/ALL OTH OUTPINT	15	56	899.70	16.07	.001	59.98	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRII I	DEC 2004	PAGE 4,883
MOP024	FEE-FOR-SERVICE		JIVIII OI IIIIIIIIVI IKI	I OILI I OIL OIIL	2001 111110 1	2001	03/14/05
	FEE-FOR-SERVICE	C/DENTAL				2001	
MOP024 KINGS COUNTY	FEE-FOR-SERVICE			TON TON OIL			03/14/05
KINGS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	C/DENTAL VICES FOR PUBLIC ASSIS	STANCE - DISABLED		MC	ONTHLY AVERA	03/14/05 GE
	FEE-FOR-SERVICE	C/DENTAL VICES FOR PUBLIC ASSIS UNITS OF SERVICE		AVERAGE COST	MC UNITS/DAYS	ONTHLY AVERA	03/14/05 GE COST PER
KINGS COUNTY 42,679 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR PUBLIC ASSIS UNITS OF SERVICE OR DAYS OF CARE	STANCE - DISABLED EXPENDITURES	AVERAGE COST PER UNIT/DAY	MC UNITS/DAYS PER ELIG	ONTHLY AVERA S COST PER USER	03/14/05 GE COST PER ELIGIBLE
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$	EXPENDITURES 5,810,925.57	AVERAGE COST PER UNIT/DAY \$ 140.44	MC UNITS/DAYS PER ELIG .969	ONTHLY AVERA S COST PER USER \$ 895.09	03/14/05 GE COST PER ELIGIBLE \$ 136.15
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187	EXPENDITURES 5,810,925.57 4,897,532.89	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72	MC UNITS/DAYS PER ELIG .969 .075	ONTHLY AVERA S COST PER USER \$ 895.09 6327.56	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187 1,411	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87	MC UNITS/DAYS PER ELIG .969 .075 .033	ONTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187 1,411 1,776	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75	MC UNITS/DAYS PER ELIG .969 .075 .033 .042	ONTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187 1,411 1,776 1,776	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94	MC UNITS/DAYS PER ELIG .969 .075 .033 .042 .042	ONTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187 1,411 1,776 1,776 1	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30	MC UNITS/DAYS PER ELIG .969 .075 .033 .042 .042	ONTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187 1,411 1,776 1,776 1	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00	MC UNITS/DAYS PER ELIG .969 .075 .033 .042 .042 .000	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391	Z/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187 1,411 1,776 1,776 1,776 1,775	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05	MC UNITS/DAYS PER ELIG .969 .075 .033 .042 .042 .000 .000	ONTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 3,187 1,411 1,776 1,776 1,776 1,775 0	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393 221	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187 1,411 1,776 1,776 1,776 0 1,775 0 0	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393 221	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 3,187 1,411 1,776 1,776 1,775 0 0 0 0	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187 1,411 1,776 1,776 1,775 0 0 0 38,190	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393 221	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 3,187 1,411 1,776 1,776 1,775 0 0 0 0	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00
A2,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187 1,411 1,776 1,776 1,775 0 0 0 38,190	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68 138,854.92 19,388.53	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40
A2,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051 1,865 360 3,106	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 3,187 1,411 1,776 1,776 1,776 0 1,775 0 0 38,190 3,708 417 16,743	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68 138,854.92 19,388.53 210,190.93	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00 .00 .00 23.92 37.45 46.50 12.55	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95 74.45 53.86 67.67	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40 3.25 .45 4.92
A2,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051 1,865 360	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 3,187 1,411 1,776 1,776 1,776 0 0 1,775 0 0 38,190 3,708 417	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68 138,854.92 19,388.53	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00 .00 .23.92 37.45 46.50	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95 74.45 53.86	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40 3.25 .45
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051 1,865 360 3,106	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 3,187 1,411 1,776 1,776 1,776 0 1,775 0 0 38,190 3,708 417 16,743	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68 138,854.92 19,388.53 210,190.93	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00 .00 .00 23.92 37.45 46.50 12.55	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95 74.45 53.86 67.67	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40 3.25 .45 4.92
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051 1,865 360 3,106 1,675	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 \$ 3,187 1,411 1,776 1,776 1,776 0 1,775 0 0 38,190 3,708 417 16,743 2,497	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68 138,854.92 19,388.53 210,190.93 201,338.09	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00 .00 .00 .23.92 .37.45 46.50 12.55 .80.63	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95 74.45 53.86 67.67 120.20	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40 3.25 .45 4.92 4.72
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051 1,865 360 3,106 1,675 2,807	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 3,187 1,411 1,776 1,776 1,776 0 0 1,775 0 0 38,190 3,708 417 16,743 2,497 4,422	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68 138,854.92 19,388.53 210,190.93 201,338.09 178,464.64	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00 .00 23.92 37.45 46.50 12.55 80.63 40.36	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95 74.45 53.86 67.67 120.20 63.58	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40 3.25 .45 4.92 4.72 4.18 3.87
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051 1,865 360 3,106 1,675 2,807 2,529	C/DENTAL VICES FOR PUBLIC ASSISTANT UNITS OF SERVICE OR DAYS OF CARE 41,377 3,187 1,411 1,776 1,776 1,776 0 0 1,775 0 0 38,190 3,708 417 16,743 2,497 4,422 10,403	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68 138,854.92 19,388.53 210,190.93 201,338.09 178,464.64 165,155.57	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00 .00 .23.92 37.45 46.50 12.55 80.63 40.36 15.88	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95 74.45 53.86 67.67 120.20 63.58 65.30	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40 3.25 .45 4.92 4.72 4.18 3.87
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051 1,865 360 3,106 1,675 2,807 2,529	### CONTAL PUBLIC ASSISTANCE ### CONTAL PUBLIC ASSISTANCE ### CONTAL PUBLIC ASSISTANCE ### CONTAL PUBLIC ASSISTANCE ### CONTACT ###	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68 138,854.92 19,388.53 210,190.93 201,338.09 178,464.64 165,155.57 12,636.27	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00 .00 .23.92 37.45 46.50 12.55 80.63 40.36 15.88 \$ 468.01	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95 74.45 53.86 67.67 120.20 63.58 65.30 \$ 12636.27	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40 3.25 .45 4.92 4.72 4.18 3.87 \$.30 .00
A2,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051 1,865 360 3,106 1,675 2,807 2,529 1 0 1	### CONTAL PUBLIC ASSISTANCE	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68 138,854.92 19,388.53 210,190.93 201,338.09 178,464.64 165,155.57 12,636.27 .00 12,636.27	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00 .00 .23.92 37.45 46.50 12.55 80.63 40.36 15.88 \$ 468.01 .00 468.01	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95 74.45 53.86 67.67 120.20 63.58 65.30 \$ 12636.27	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40 3.25 .45 4.92 4.72 4.18 3.87 \$.30 .00 .30
KINGS COUNTY 42,679 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,492 774 164 394 392 1 0 391 393 221 0 6,051 1,865 360 3,106 1,675 2,807 2,529 1 0	### CONTAL PUBLIC ASSISTANCE	EXPENDITURES 5,810,925.57 4,897,532.89 2,209,440.59 2,473,530.76 760,018.56 231.30 .00 759,787.26 1,713,512.20 214,561.54 .00 913,392.68 138,854.92 19,388.53 210,190.93 201,338.09 178,464.64 165,155.57 12,636.27	AVERAGE COST PER UNIT/DAY \$ 140.44 1536.72 1565.87 1392.75 427.94 231.30 .00 428.05 .00 .00 .00 .23.92 37.45 46.50 12.55 80.63 40.36 15.88 \$ 468.01	MC UNITS/DAYS PER ELIG	DNTHLY AVERA S COST PER USER \$ 895.09 6327.56 13472.20 6278.00 1938.82 231.30 .00 1943.19 4360.08 970.87 .00 150.95 74.45 53.86 67.67 120.20 63.58 65.30 \$ 12636.27	03/14/05 GE COST PER ELIGIBLE \$ 136.15 114.75 51.77 57.96 17.81 .01 .00 17.80 40.15 5.03 .00 21.40 3.25 .45 4.92 4.72 4.18 3.87 \$.30 .00 .30

LEV B-REHAB MD	31	1 001		124 014 47		104 71	005		1210 05		2 1 6
	31	1,081		134,814.47		124.71	.025		4348.85		3.16
LEV B-SUBACUTE FREESTANDING	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	15	365		194,039.00		531.61	.009		12935.93		4.55
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	292	7,040		919,968.76		130.68	.165		3150.58		21.56
@INTERMEDIATE CARE FACILDD	54	1,607	\$	285,124.22			.038	\$	5280.08	\$	6.68
ICF DDH	40	1,153		198,111.13		171.82	.027		4952.78		4.64
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	14	454		87,013.09		191.66	.011		6215.22		2.04
@HEMODIALYSIS TOTAL	327	4,102	\$	390,984.94	\$	95.32	.096	\$	1195.67	\$	9.16
HOSPITAL BASED	3	5		13,070.10		2614.02	.000		4356.70		.31
HEMODIALYSIS CENTER	324	4,097		377,914.84		92.24	.096		1166.40		8.85
@REHABILITATION FACILITY	63	202	\$	8,121.55	\$	40.21	.005	\$	128.91	\$.19
HOSPITAL BASED	63	194		7,949.63		40.98	.005		126.18		.19
INDEPENDENT FACILITY	1	8		171.92		21.49	.000		171.92		.00
@LABORATORY FACILITY	1,441	4,992	\$	70,902.62	\$	14.20	.117	\$	49.20	\$	1.66
PATHOLOGY	1,417	4,922		70,519.26		14.33	.115		49.77		1.65
XO AND OTHERS	. 24	70		383.36		5.48	.002		15.97		.01
	14,417	29,223	Ś	4,058,051.90						Ś	95.08
CLINIC	129	404		8,427.08		20.86	.009		65.33		.20
SURGICENTER	138	499		26,384.97			.012		191.20		.62
HEROIN DETOX CLINIC	5	85		824.29		9.70	.002		164.86		.02
RURAL HEALTH CLINIC	14,248	28,235		4,022,415.56		142.46	.662		282.31		94.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	•	IRFC	• •						D:	AGE 4,884
MOP024	FEE-FOR-SERVICE/DEN		TUDO .	MONTH OF TATMENT I	01/	I ION OAN	2001 11110	טמט	2001	1.2	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES		700	ISTANCE - DISABLE	,						03/14/03
VINGO COONII	SOUTHWAY OF SEKATOES	FOR PUBLIC	ASS	ISTANCE - DISABLEI	,						

MINGS COOMIT	DOMMANT OF DEN	VICES FOR TODDIC ASSIS	JIANCE DISABLED				
					MON	THLY AVERA	.GE
42,679 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6,319	399 , 595 \$	1,105,922.06	\$ 2.77	9.363 \$	175.02	\$ 25.91
DURABLE MED. EQUIP.	592	1,455	328,439.20	225.73	.034	554.80	7.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	191	304	26,002.96	85.54	.007	136.14	.61
MEDICAL TRANSPORTATION	1,383	79,037	363,291.41	4.60	1.852	262.68	8.51
AMBULANCES/AIR TRANS	948	18,955	197,135.43	10.40	.444	207.95	4.62
OTHER TRANS	262	58,694	140,587.98	2.40	1.375	536.60	3.29
OTHER SERVICES	272	1,388	25,568.00	18.42	.033	94.00	.60
ACUPUNCTURE	3	6	118.94	19.82	.000	39.65	.00
ADULT DAY HEALTH CARE CTR	29	329	22,912.70	69.64	.008	790.09	.54
GENETIC DISEASE TESTING	11	11	1,107.00	100.64	.000	100.64	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	64	187	17,573.14	93.97	.004	274.58	.41
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	994	2,135	24,306.86	11.38	.050	24.45	.57
PHYSICAL THERAPIST	8	99	1,228.15	12.41	.002	153.52	.03
PORTABLE X-RAY	16	38	713.56	18.78	.001	44.60	.02
PROSTHETIST/ORTHOTISTS	73	209	34,536.93	165.25	.005	473.11	.81
PROSTHETICS	72	208	34,417.85	165.47	.005	478.03	.81
ORTHOTICS	1	1	119.08	119.08	.000	119.08	.00
PSYCHOLOGIST	9	32	2,440.73	76.27	.001	271.19	.06
SPEECH AND AUDIOLOGY	129	375	18,520.32	49.39	.009	143.57	.43
HOSPICE SERVICES	19	376	47,463.44	126.23	.009	2498.08	1.11
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,322	11,861	100,047.97	8.44	.278	75.68	2.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2,005	303,141	117,218.75	.39	7.103		58.46	2.75
@CALIF. CHILDREN SERVICES*	835	25 , 883	\$ 1,998,023.11	\$ 77.19	.606	\$ 2	2392.84	\$ 46.82
@XOVER EXCLUDING STATE HOSP**	4,764	41,755	\$ 749,648.10	\$ 17.95	.978	\$	157.36	\$ 17.56

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,885 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					MO	NTHLY AVERA	ιGΕ	
85,150 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	47,204	220,240 \$	12,694,744.15	\$ 57.64	2.586	\$ 268.93	\$	149.09
@PHYSICIANS SERVICES	10,967	27 , 189 \$	1,082,887.95	\$ 39.83	.319	\$ 98.74	\$	12.72
OUTPATIENT VISITS	7,642	10,774	456,058.39	42.33	.127	59.68		5.36
OFFICE VISITS	2,982	3,780	114,040.28	30.17	.044	38.24		1.34
HOME VISITS	8	9	514.73	57.19	.000	64.34		.01
EMERGENCY ROOM	4,264	4,820	263,881.91	54.75	.057	61.89		3.10
PREVENTIVE CARE	6	7	308.66	44.09	.000	51.44		.00
OB VISITS/COMPRE PERI	499	1,903	69 , 407.81	36.47	.022	139.09		.82
OTHER OUTPATIENT	234	255	7,905.00	31.00	.003	33.78		.09
INPATIENT VISITS	431	1,225	81,863.13	66.83	.014	189.94		.96
HOSPITAL VISITS	403	923	46,701.34	50.60	.011	115.88		.55
CRITICAL CARE	30	231	31,866.94	137.95	.003	1062.23		.37
SNF/ICF/TRANS IP CARE	10	71	3,294.85	46.41	.001	329.49		.04
OPHTHALMOLOGICAL SERVICES	49	70	2,626.97	37.53	.001	53.61		.03
EXAMINATIONS	49	70	2,626.97	37.53	.001	53.61		.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	471	2,046	201,763.74	98.61	.024	428.37		2.37
PRINCIPAL SURGEON	321	353	164,314.86	465.48	.004	511.88		1.93
ASSISTANT SURGEON	67	67	11,764.32	175.59	.001	175.59		.14
ANESTHESIOLOGIST	146	1,626	25,684.56	15.80	.019	175.92		.30

OUTPATIENT SURGERY	800	1,997		127,045.84		63.62	.023		158.81		1.49
PRINCIPAL SURGEON	686	804		105,662.25		131.42	.009		154.03		1.24
ASSISTANT SURGEON	8	8		1,041.95		130.24	.000		130.24		.01
ANESTHESIOLOGIST	201	1,185		20,341.64		17.17	.014		101.20		.24
DIALYSIS	0	_,		.00		.00	.000		.00		.00
PATHOLOGY	920	1,409		23,602.74		16.75	.017		25.66		.28
RADIOLOGY	2,557	3,565		94,581.66		26.53	.042		36.99		1.11
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	196	263		7,436.89		28.28	.003		37.94		.09
OTHER SERVICES/ALL X-OVERS	2,152	5,840		87,908.59		15.05	.069		40.85		1.03
@PHARMACY	21,125	67,543	\$	•	\$	32.14	.793	Ś		Ś	25.49
PRESCRIPTION DRUGS	20,897	52,289	т	2,110,176.09	Τ	40.36	.614	т	100.98	т	24.78
SNF/ICF	38	293		39,878.22		136.10	.003		1049.43		.47
OUTPATIENTS	20,862	51,996		2,070,297.87		39.82	.611		99.24		24.31
MEDICAL SUPPLIES	888	15,254		60,574.22		3.97	.179		68.21		.71
@DENTIST	3,743	22,622	\$	611,203.35	Ś	27.02	.266	Ś		Ś	7.18
VISITS - DIAGNOSTIC	3,008	16,611	۲	216,009.25	Υ	13.00	.195	Ψ.	71.81	٧	2.54
ORAL SURGERY	502	1,079		69,621.13		64.52	.013		138.69		.82
DRUGS	15	19		310.00		16.32	.000		20.67		.00
ANESTHESIA	61	64		6,500.00		101.56	.001		106.56		.08
PERIODONTICS	89	90		9,561.00		106.23	.001		107.43		.11
ENDODONTICS	296	547		68,084.00		124.47	.001		230.01		.80
RESTORATIVE DENTISTRY	1,117	3,519		188,698.24		53.62	.041		168.93		2.22
PROSTHETICS	15	18		330.00		18.33	.000		22.00		.00
DENTURES, STAYPLATES	22	98		11,132.00		113.59	.001		506.00		.13
SPACE MAINTAINERS	52	62		7,828.00		126.26	.001		150.54		.09
MAXILLOFACIAL SERVICES	134	137		14,279.73		104.23	.001		106.57		.17
	0	137		•		.00	.002				.00
FRACTURES, DISLOCATIONS	198	278		.00					.00 89.14		.00
ORTHODONTIC SERVICES	198 97			17,650.00		63.49	.003				
ALL OTHER SERVICES		100	по ,	1,200.00		12.00	.001	DEC	12.37	_	.01
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 4,886
MOP024	FEE-FOR-SERVICE		7.00								03/14/05
KINGS COUNTY	SUMMARY OF SERV	TICES FOR PUBLIC .	ASS.	ISTANCE - FAMILIES				. O N T III		с п	
05 150 51 535 53									HLY AVERA	-	
85,150 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
0.0000000000000000000000000000000000000	1 440	OR DAYS OF CARE		100 460 70			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,449	4,533	\$	102,460.79	\$	22.60	.053	Ş	70.71	Ş	1.20
DIAGNOSTIC AND ANC. PROCED	1,232	1,326		55,078.97		41.54	.016		44.71		.65
EYE APPLIANCES	1,121	3,196		47,104.86		14.74	.038		42.02		.55
OTHER OPTOMETRIC SERVICES	10	11	<u> </u>	276.96	<u> </u>	25.18	.000		27.70	<u> </u>	.00
@CHIROPRACTOR	18	28	\$	455.62	\$	16.27	.000	Ş	25.31	Ş	.01
VISITS	18	28		455.62		16.27	.000		25.31		.01
OTHER SERVICES	0	0		$\cap \cap$		0.0	000		0.0		0.0

85,150 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CAR	€		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	1,449	4,533	\$	102,460.79	\$	22.60	.053	\$	70.71	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	1,232	1,326		55,078.97		41.54	.016		44.71	.65
EYE APPLIANCES	1,121	3 , 196		47,104.86		14.74	.038		42.02	.55
OTHER OPTOMETRIC SERVICES	10	11		276.96		25.18	.000		27.70	.00
@CHIROPRACTOR	18	28	\$	455.62	\$	16.27	.000	\$	25.31	\$.01
VISITS	18	28		455.62		16.27	.000		25.31	.01
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	8	16	\$	471.51	\$	29.47	.000	\$	58.94	\$.01
MEDICINE/INJECTIONS	8	8		186.32		23.29	.000		23.29	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	2	4		72.64		18.16	.000		36.32	.00
OTHER	3	4		212.55		53.14	.000		70.85	.00
@HOME HEALTH AGENCY	86	207	\$	12,515.54	\$	60.46	.002	\$	145.53	\$.15
NURSE ANESTHESIST	51	282	\$	6,146.93	\$	21.80	.003	\$	120.53	\$.07
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	7	\$	191.30	\$	27.33	.000	\$	63.77	\$.00
@TOTAL HOSPITAL	7,632	29 , 078	\$	3,241,902.83	\$	111.49	.341	\$	424.78	\$ 38.07
HOSP INPATIENT TOTAL	522	1,877		2,514,362.33		1339.56	.022		4816.79	29.53
HSC HOSPITALS	108	554		937,765.15		1692.72	.007		8683.01	11.01

NON-HSC HOSPITAL TOTAL	420	1,323		1,576,597.18	1191.68	.016	3753.80	18.52
ACCOMMODATIONS	418	1,323		586,336.60	443.19	.016	1402.72	6.89
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	418	1,323		586,336.60	443.19	.016	1402.72	6.89
ANCILLARIES	420	0		990,260.58	.00	.000	2357.76	11.63
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7,318	27,201		727,540.50	26.75	.319	99.42	8.54
MEDICAL	2,010	3,290		112,229.32	34.11	.039	55.84	1.32
SURGERY	679	754		31,098.34	41.24	.009	45.80	.37
PATHOLOGY	2,621	9,674		117,604.85	12.16	.114	44.87	1.38
RADIOLOGY	1,866	2,427		146,804.68	60.49		78.67	1.72
ROOM USE	4,819	6,032		240,719.11	39.91	.071	49.95	2.83
CROSSOVERS/ALL OTH OUTPINT	2,720	5,024		79,084.20	15.74	.059	29.08	.93
@COUNTY HOSPITAL TOTAL	52	155	\$	15,104.73	\$ 97.45	.002	\$ 290.48	\$.18
CO HOSPITAL INPATIENT TOTAL	3	7		9,452.00	1350.29	.000	3150.67	.11
HSC HOSPITALS	3	7		9,452.00	1350.29	.000	3150.67	.11
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	51	148		5,652.73	38.19	.002	110.84	.07
MEDICAL	25	36		1,376.56	38.24	.000	55.06	.02
SURGERY	6	8		669.51	83.69	.000	111.59	.01
PATHOLOGY	8	36		620.71	17.24	.000	77.59	.01
RADIOLOGY	6	9		330.68	36.74	.000	55.11	.00
ROOM USE	31	41		1,850.02	45.12	.000	59.68	.02
CROSSOVERS/ALL OTH OUTPINT	12	18		805.25	44.74	.000	67.10	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 4,887
MOP024	FEE-FOR-SERVICE/DENT	ΓAL						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE - FAMILIES				
						M	ONTHLY AVERA	GE

----- MONTHLY AVERAGE -----85,150 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 7,591 28,923 .340 \$ 425.08 \$ @COMMUNITY HOSPITAL TOTAL 3,226,798.10 \$ 111.57 37.90 519 1,870 COMM HOSP INPATIENT TOTAL 2,504,910.33 1339.52 .022 4826.42 29.42 8841.08 HSC HOSPITALS 105 547 928,313.15 1697.10 .006 10.90 1,323 NON-HSC HOSPITALS TOTAL 420 1,576,597.18 1191.68 .016 3753.80 18.52 418 1402.72 ACCOMMODATIONS 1,323 586,336.60 443.19 .016 6.89 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE Ω Ω .00 .00 .000 .00 .00 ALL OTHER ACCOM 418 1,323 586,336.60 443.19 .016 1402.72 6.89 420 2357.76 ANCILLARIES 0 990,260.58 .00 .000 11.63 INPATIENT CROSSOVERS Ω Ω .00 .00 .000 .00 .00 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 7,277 27,053 721,887.77 99.20 8.48 26.68 .318 MEDICAL 1,987 3,254 110,852.76 34.07 .038 55.79 1.30 673 SURGERY 746 30,428.83 40.79 .009 45.21 .36 2,614 116,984.14 12.14 PATHOLOGY 9,638 .113 44.75 1.37 146,474.00 78.75 1.72 RADIOLOGY 1,860 2,418 60.58 .028 ROOM USE 4,792 5,991 238,869.09 39.87 .070 49.85 2.81

CROSSOVERS/ALL OTH OUTPTNT		5,006		78,278.95		15.64	.059		28.89		.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	119	\$	77 , 395.16	\$	650.38	.001	\$	15479.03	\$.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	4	103		73,715.80		715.69	.001		18428.95		.87
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	16		3,679.36		229.96	.000		3679.36		.04
@INTERMEDIATE CARE FACILDD	8	364	\$	73,351.38	\$	201.51	.004	\$	9168.92	\$.86
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	8	364		73 , 351.38		201.51	.004		9168.92		.86
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	42	111	\$	5,039.26	\$	45.40	.001	\$	119.98	\$.06
HOSPITAL BASED	42	111		5,039.26		45.40	.001		119.98		.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,302	6 , 516	\$	112,816.70	\$	17.31	.077	\$	49.01	\$	1.32
PATHOLOGY	2,300	6,514		112,697.70		17.30	.077		49.00		1.32
XO AND OTHERS	2	2		119.00		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC	20,686	33 , 512	\$	4,918,798.40	\$	146.78	.394	\$	237.78	\$	57.77
CLINIC	346	1,190		23,560.37		19.80	.014		68.09		.28
SURGICENTER	165	930		32,835.82		35.31	.011		199.00		.39
HEROIN DETOX CLINIC	1	21		232.26		11.06	.000		232.26		.00
RURAL HEALTH CLINIC	20,284	31,371		4,862,169.95		154.99	.368		239.70		57.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	IRES MC	4,862,169.95 NTH-OF-PAYMENT RE	EPORT			DEC		P	AGE 4,888
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL		NTH-OF-PAYMENT RE	EPORT			DEC		P	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU		NTH-OF-PAYMENT RE	EPORT		2004 THRU		2004		AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITU E/DENTAL /ICES FOR PUBLIC	: ASSIS	NTH-OF-PAYMENT RESTANCE - FAMILIES		'FOR JAN 2	2004 THRU	rnoi	C 2004 THLY AVERA	.GE -	AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC	: ASSIS	NTH-OF-PAYMENT RE	AVE	FOR JAN 2	2004 THRU M UNITS/DAY	IONT	C 2004 THLY AVERA COST PER	.GE -	AGE 4,888 03/14/05 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	E ASSIS EE EE	NTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES	AVE PER	FOR JAN 2 RAGE COST UNIT/DAY	2004 THRU M UNITS/DAY PER ELIG	IONT S	C 2004 CHLY AVERA COST PER USER	.GE - (AGE 4,888 03/14/05 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113	: ASSIS	ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 278,357.12	AVE	FOR JAN 2 RAGE COST UNIT/DAY 9.90	2004 THRU M UNITS/DAY PER ELIG .330	IONT S	C 2004 CHLY AVERA COST PER USER 45.12	.GE - (AGE 4,888 03/14/05 COST PER ELIGIBLE 3.27
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158	E ASSIS EE EE	ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 278,357.12 14,672.59	AVE PER	FOR JAN 2 RAGE COST UNIT/DAY 9.90 92.86	2004 THRU M UNITS/DAY PER ELIG .330 .002	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41	.GE - (AGE 4,888 03/14/05 COST PER ELIGIBLE 3.27 .17
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0	E ASSIS EE EE	ETANCE - FAMILIES EXPENDITURES 278,357.12 14,672.59 .00	AVE PER	FOR JAN 2 RAGE COST UNIT/DAY 9.90 92.86 .00	M UNITS/DAY PER ELIG .330 .002 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00	.GE - (AGE 4,888 03/14/05 COST PER ELIGIBLE 3.27 .17 .00
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22	E ASSIS EE EE	EXPENDITURES 278,357.12 14,672.59 .00 658.85	AVE PER	RAGE COST UNIT/DAY 9.90 92.86 .00 29.95	M UNITS/DAY PER ELIG .330 .002 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21	.GE - (AGE 4,888 03/14/05 COST PER ELIGIBLE 3.27 .17 .00 .01
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567	E ASSIS EE EE	EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11	AVE PER	FOR JAN 2 RAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36	M UNITS/DAY PER ELIG .330 .002 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87	.GE - (AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465	E ASSIS EE EE	EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19	AVE PER	FOR JAN 2 RAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67	M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83	.GE - (AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84	E ASSIS EE EE	EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60	AVE PER	RAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08	M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60	.GE - (AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18	E ASSIS EE EE	EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32	AVE PER	RAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68	M UNITS/DAY PER ELIG .330 .002 .000 .112 .111 .001	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67	.GE - (AGE 4,888 03/14/05 COST PER ELIGIBLE 3.27 .17 .00 .01 1.05 .96 .00
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0	E ASSIS EE EE	EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32 .00	AVE PER	RAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68	2004 THRU M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00	.GE - (AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES GALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32 .00 .00	AVE PER	PRAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00	2004 THRU M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00	.GE - (AGE 4,888 03/14/05 COST PER ELIGIBLE 3.27 .17 .00 .01 1.05 .96 .00 .09 .00
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0 99	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0 99	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32 .00 .00 10,395.00	AVE PER	P FOR JAN 2 PRAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00 .00 105.00	M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00 105.00	.GE - (AGE 4,888 03/14/05 COST PER ELIGIBLE 3.27 .17 .00 .01 1.05 .96 .00 .09 .00
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0 99 0	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0 99 0	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32 .00 .00 10,395.00 .00	AVE PER	PRAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00 .00 105.00 .00	M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00 105.00 .00	.GE - (AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0 99 0 0	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0 99 0 0	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32 .00 .00 10,395.00 .00 .00	AVE PER	PRAGE COST VINIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00 .00 105.00 .00 .00	M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00 105.00 .00	.GE - (AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0 99 0 0 99 0	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0 99 0 2,094	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32 .00 .00 10,395.00 .00 10,395.00 .00 17,673.10	AVE PER	PRAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00 .00 105.00 .00	2004 THRU M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00 105.00 .00 18.24	.GE - (AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0 99 0 0 999 16	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0 99 0 2,094 166	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32 .00 .00 10,395.00 .00 17,673.10 2,418.26	AVE PER	PFOR JAN 2 PRAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00 105.00 .00 .00 8.44 14.57	2004 THRU M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00 105.00 .00 18.24 151.14	.GE - (AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0 99 0 0 999 16 0	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0 99 0 2,094 166 0	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32 .00 .00 10,395.00 .00 17,673.10 2,418.26 .00	AVE PER	PRAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2004 THRU M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00 105.00 .00 18.24 151.14 .00	.GE - (AGE 4,888 03/14/05 COST PER ELIGIBLE 3.27 .17 .00 .01 1.05 .96 .00 .09 .00 .00 .12 .00 .00 .21 .03
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0 99 0 0 969 16 0 30	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0 99 0 2,094 166 0 45	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32 .00 .00 10,395.00 .00 17,673.10 2,418.26 .00 3,101.91	AVE PER	PRAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00 .00 105.00 .00 8.44 14.57 .00 68.93	2004 THRU M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00 105.00 .00 18.24 151.14 .00 103.40	.GE - (AGE 4,888 03/14/05 COST PER ELIGIBLE 3.27 .17 .00 .01 1.05 .96 .00 .09 .00 .00 .12 .00 .00 .21 .03 .00
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0 99 0 0 99 16 0 30 30	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0 99 0 0 2,094 166 0 45 45	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 .658.85 89,537.11 82,024.19 .174.60 7,338.32 .00 .00 10,395.00 .00 17,673.10 2,418.26 .00 3,101.91 3,101.91	AVE PER	RAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00 .00 105.00 .00 .00 8.44 14.57 .00 68.93 68.93	2004 THRU M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00 105.00 .00 18.24 151.14 .00 103.40 103.40	.GE - (AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0 99 0 0 99 16 0 30 30 30 0	CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0 99 0 2,094 166 0 45 45	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 658.85 89,537.11 82,024.19 174.60 7,338.32 .00 .00 10,395.00 .00 17,673.10 2,418.26 .00 3,101.91 3,101.91 .00	AVE PER	PRAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00 .00 105.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2004 THRU M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000 .000 .000 .001 .000 .001 .001 .001 .001 .001 .001	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00 105.00 .00 18.24 151.14 .00 103.40 103.40 .00	.GE - (AGE 4,888 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 85,150 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,169 117 0 9 524 523 1 17 0 0 99 0 0 99 16 0 30 30	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 28,113 158 0 22 9,567 9,465 84 18 0 0 99 0 0 2,094 166 0 45 45	E ASSIS EE EE	EXPENDITURES EXPENDITURES 278,357.12 14,672.59 .00 .658.85 89,537.11 82,024.19 .174.60 7,338.32 .00 .00 10,395.00 .00 17,673.10 2,418.26 .00 3,101.91 3,101.91	AVE PER	RAGE COST UNIT/DAY 9.90 92.86 .00 29.95 9.36 8.67 2.08 407.68 .00 .00 105.00 .00 .00 8.44 14.57 .00 68.93 68.93	2004 THRU M UNITS/DAY PER ELIG .330 .002 .000 .000 .112 .111 .001 .000 .000	IONT S	C 2004 CHLY AVERA COST PER USER 45.12 125.41 .00 73.21 170.87 156.83 174.60 431.67 .00 .00 105.00 .00 18.24 151.14 .00 103.40 103.40	.GE - (AGE 4,888 03/14/05

HOSPICE SERVICES	0	Ō	80.10	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	4,369	11,970	131,367.86	10.97	.141	30.07	1.54	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	97	3 , 897	2,750.57	.71	.046	28.36	.03	
@CALIF. CHILDREN SERVICES*	287	6 , 070	\$ 697,302.26	\$ 114.88	.071	\$ 2429.62	\$ 8.19	
@XOVER EXCLUDING STATE HOSP**	5	10	\$ 84.09	\$ 8.41	.000	\$ 16.82	\$.00	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,889
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY	SIIMMARY OF SERV	VICES FOR PUBLIC	ASS.	TSTANCE - TOTAL					03/11/03
KINGS COONTI	DOIMING OF BEIN	VICED TON TODETO	1100.	1017111011		MON	THLY AVER	AGE	
143,298 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	€		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	96,125	2,109,044	\$		\$ 22.16	14.718 \$			326.20
@PHYSICIANS SERVICES	23,085	84 , 768	\$	2,691,054.52	\$ 31.75	.592 \$	116.57	\$	18.78
OUTPATIENT VISITS OFFICE VISITS	12,093	17 , 661		806,673.22	45.68	.123	66.71		5.63
OFFICE VISITS	4,675	84,768 17,661 6,165		183,155.25	\$ 31.75 45.68 29.71	.043	39.18		1.28
HOME VISITS EMERGENCY ROOM PREVENTIVE CARE	14	16		761.73	47.61	. 000	54.41		.01
EMERGENCY ROOM	6 , 728	8,481		513,224.09	60.51	.059	76.28		3.58
PREVENTIVE CARE	9	10		400.88	40.09	.000	44.54		.00
OB VISITS/COMPRE PERI	546	2,067		75,618.42	36.58	.014	138.50		.53
OTHER OUTPATIENT	741	922		33,512.85	36.35		45.23		.23
INPATIENT VISITS	741 1,228 1,096	5,068		275,105.07	54.28 45.80	.035	224.03		1.92
HOSPITAL VISITS	1,096	4,3/3			45.80	.031	182./6		1.40
CRITICAL CARE	68	449		65 , 923.22	146.82	.003			.46
SNF/ICF/TRANS IP CARE		246		8 , 879.87	36.10	.002	69.92		.06
OPHTHALMOLOGICAL SERVICES	203	263		10,350.62 10,350.62	39.36 39.36	.002	50.99		.07
EXAMINATIONS	203	263		10,350.62	39.36	.002	50.99		.07
SERVICES AND MATERIALS	0	0		.00	.00		.00		
INPATIENT HOSPITAL SURGERY	750	3,416		335,044.40	98.08	.024	446.73		2.34
PRINCIPAL SURGEON	545 93	684		271,354.05	396.72 189.16	.005	497.90		1.89
ASSISTANT SURGEON	93	93		17 , 591.57	189.16	.001	189.16		.12
ANESTHESIOLOGIST	231	2,639		46,098.78	17.47	.018	199.56		
OUTPATIENT SURGERY	1,378			249,050.50	67.33	.026	180.73		1.74
PRINCIPAL SURGEON	1,166	1,391		209,357.08	150.51 147.39	.010	179.55		1.46
ASSISTANT SURGEON	12	12		1,768.69	147.39	.000	147.39		.01
ANESTHESIOLOGIST	328	2,296		37,924.73	16.52		115.62		.26
DIALYSIS	68	381		27,175.27	71.33		399.64		.19
PATHOLOGY	1,546 5,086	4,307 8,386		50,503.28	11.73 27.30	.030	32.67 45.01		.35
RADIOLOGY	5 , 086	8,386		228,933.31	27.30	.030	45.01		
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION		7,619		230,560.18	30.26	.053			1.61
OTHER SERVICES/ALL X-OVERS	9,315	33,968 1,282,743		477,658.67 17,910,978.72	14.06	.237	51.28		3.33
@PHARMACY	6U.6/1	1,282,743	\$	17,910,978.72	\$ 13.96	8.952 \$			
PRESCRIPTION DRUGS	59,510	231,876		17,028,138.82	73.44	1.618	286.14		118.83
SNF/ICF	763	6,567		526,425.33 16,501,713.49 882,839.90	80.16	.046	689.94		3.67
OUTPATIENTS	58,854	225,309		16,501,713.49	73.24	1.572 7.333	280.38		115.16
MEDICAL SUPPLIES	7,201	1,050,867	_	882,839.90	.84	7.333	122.60		
@DENTIST		35,327	Ş	1,048,546.94	\$ 29.68		172.40		
VISITS - DIAGNOSTIC	4,662	25,084		303,327.65	12.09	.175	65.06		2.12
ORAL SURGERY	900	2,165		129,844.88	59.97	.015	144.27		.91

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRIICO	0.1	2.1		F00 00		16 10	0.00		00 01		0.0
DRUGS	21	31		500.00		16.13	.000		23.81		.00
ANESTHESIA	111	118		11,300.00		95.76	.001		101.80		.08
PERIODONTICS	335	381		37,418.00		98.21	.003		111.70		.26
ENDODONTICS	451	792		118,620.00		149.77	.006		263.02		.83
RESTORATIVE DENTISTRY	1 , 652	4,902		282,548.14		57.64	.034		171.03		1.97
PROSTHETICS	42	46		1,135.00		24.67	.000		27.02		.01
DENTURES, STAYPLATES	310	1,067		110,788.25		103.83	.007		357.38		.77
SPACE MAINTAINERS	60	73		8,743.00		119.77	.001		145.72		.06
MAXILLOFACIAL SERVICES	189	197		19,852.02		100.77	.001		105.04		.14
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.01
ORTHODONTIC SERVICES	245	333		22,395.00		67.25	.002		91.41		.16
ALL OTHER SERVICES	142	137		1,275.00		9.31	.001		8.98		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 4,890
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - TOTAL							
							M	ONT	HLY AVERA	GE ·	
143,298 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@OPTOMETRIST	3,138	9,537	\$	208,566.30	\$	21.87	.067	\$	66.46	\$	1.46
DIAGNOSTIC AND ANC. PROCED	2,020	2,196		89,512.31		40.76	.015		44.31		.62
EYE APPLIANCES	2,526	7,169		114,161.47		15.92	.050		45.19		.80
OTHER OPTOMETRIC SERVICES	136	172		4,892.52		28.44	.001		35.97		.03
@CHIROPRACTOR	60	119	\$	1,952.06	\$	16.40	.001	\$	32.53	\$.01
VISITS	56	113		1,868.46	·	16.54	.001		33.37		.01
OTHER SERVICES	4	6		83.60		13.93	.000		20.90		.00
@PODIATRIST	150	320	\$	3,757.52	\$	11.74	.002	\$	25.05	\$.03
MEDICINE/INJECTIONS	29	39	·	963.52	·	24.71	.000		33.22		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	3	6		107.24		17.87	.000		35.75		.00
OTHER	125	275		2,686.76		9.77	.002		21.49		.02
@HOME HEALTH AGENCY	249	1,377	\$	94,872.47	\$	68.90	.010	\$	381.01	Ś	.66
NURSE ANESTHESIST	74	473	\$	9,064.72	Š	19.16	.003	\$	122.50	Ś	.06
	, 1	1,5	~	3,001.72	Τ.	± > • ± 0	• 0 0 0	~	122.00	~	• • •

NURSE MIDWIFE	0	0	\$ \$.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	11	17 74,618	\$	394.38	\$	23.20	.000	\$	35.85	\$.00
@TOTAL HOSPITAL	14,996	74,618	\$	9,931,499.50	\$	23.20 133.10	.521	\$	662.28	\$	69.31
HOSP INPATIENT TOTAL	1,542	5 , 532		8,220,446.23		1485.98	.039		5331.03		57.37
HSC HOSPITALS	285	2,011		3,211,294.82		1485.98 1596.86	.014		11267.70		22.41
NON-HSC HOSPITAL TOTAL	061	2 521		4,618,101.62		1311.59	.025		5345.03		32.23
ACCOMMODATIONS	860	3,521		1,530,324.02		434.63	.025		1779.45		10.68
ADMINISTRATIVE DAYS	1	3,521 1		231.30		434.63 231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		. 0.0		.00
ALL OTHER ACCOM	859	3,520		1,530,092.72		.00 434.69	.025		1781.25		10.68
ANCILLARIES	860 1 0 859 863 404	0		3,087,777.60		.00	.000		3577.96		21.55
INPATIENT CROSSOVERS	404	0		391,049.79		.00	.000		967.95		2.73
ALL OTHER INPATIENT	0	69,086 7,221		.00		.00	.000		.00		.00
	14,028	69 086		1,711,053.27		24 77			121.97		11 94
MEDICAL	3,940	7 221		263,424.03		24.77 36.48	.050		66.86		11.94 1.84
SURGERY	1,063	1,199		52,437.27		12 72	.050		49.33		.37
PATHOLOGY	5,856	27,022		335,409.65		43.73 12.41 70.97	.008 .189 .035		57.28		2.34
	3,602	5,016		355, 996.09		70.97	.103		98.83		2.48
RADIOLOGY	3,00Z	10.605		333,996.09		10.97	.033		90.03		
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	7,710	10,605 18,023		426,726.95		40.24 15.37	.074		55.35		2.98
CROSSOVERS/ALL OTH OUTPINT	5,/88	18,023	ć	277,059.28	ć	15.37	.126		47.87	ć	1.93
@COUNTY HOSPITAL TOTAL	95	334	Ş	35,133.99 25,671.68	Ş	105.19	.002			Ş	.25
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	7	20		25,6/1.68		1283.58	.000		3667.38		.18
HSC HOSPITALS	6	20		24,987.00					4164.50		.17
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	18,023 334 20 20 0 0 0 0 0 0 0 0 314 49		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		684.68		.00	.000		684.68		.00
ALL OTHER INPATIENT	0	0		.00		.00 30.13	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	90	314		9,462.31		30.13	.002		105.14		.07
MEDICAL				1,813.73		37.01 82.89 12.94	.000		54.96 106.57		.01
SURGERY	7 29	9		745.97		82.89	.000		106.57		.01
PATHOLOGY	29	104		1,345.57		12.94	.001		46.40		.01
RADIOLOGY	11	16		1,147.64		71.73	.000		104.33		.01
ROOM USE	48	60		2,697.08		71.73 44.95	.000		56.19		.02
CROSSOVERS/ALL OTH OUTPTNT	29	76		1,712.32		22.53	.001		59.05		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2004 THRU	DE	2004	P	AGE 4,891
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - TOTAL							
								MON	THLY AVERA	GE ·	
143,298 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST	UNITS/DA	YS	COST PER	(COST PER
•		OR DAYS OF CARE	€			R UNIT/DAY			USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,919	74,284	\$	9,896,365.51		133.22	.518				69.06
COMM HOSP INPATIENT TOTAL	1,535	5,512	•	8,194,774.55			.038		5338.62		57.19
HSC HOSPITALS	279	1,991		3,186,307.82		1600.36	.014		11420.46		22.24
NON-HSC HOSPITALS TOTAL	864	3,521		4,618,101.62		1311.59	.025		5345.03		32.23
ACCOMMODATIONS	860	3,521		1,530,324.02		434.63	.025		1779.45		10.68
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	859	3,520		1,530,092.72		434.69	.025		1781.25		10.68
ANCILLARIES	863	0		3,087,777.60		.00	.000		3577.96		21.55
INPATIENT CROSSOVERS	403	0		390,365.11		.00	.000		968.65		2.72
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
ADD OTHER INCATTENT	U	U		.00		• 0 0	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	13,954	68,772		1,701,590.96		24.74	.480		121.94		11.87
MEDICAL	3,911	7,172		261,610.30		36.48	.050		66.89		1.83
SURGERY	1,057	1 100		51,691.30		12 11			48.90		.36
PATHOLOGY	5,830	1,190 26,918		334,064.08		43.44 12.41	.188		57.30		2.33
	3,03U	20,910		354,004.00		70 07	.100		98.82		2.48
RADIOLOGY	3,591 7,669	10,545		354,848.45 424,029.87		70.97 40.21	.033		55.29		2.48
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	7,009 F 764	17,947				15 24	.125		47.77		1.92
@STATE HOSPITAL	10	17,947 274	\$	275,346.96 123,246.10	Ċ	15.34 449.80	.125	ċ	12324.61	ċ	.86
WENDALLY III	0	0	Ą	123,246.10		.00	.002	Ą	.00	Ą	.00
MENIALLI ILL	10	274		123,246.10		449.80	.002		12324.61		.86
@NURSING FACILITY	650	14,912	Ċ	2,495,796.12		167.37		ċ	3839.69	Ċ	17.42
TEN A-INTERMEDIATE	0	14,912	Y	.00		.00	.000	Ÿ	.00		.00
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	31	1,081		134,814.47		124.71	.008		4348.85		.94
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	896		516,024.76		575.92	.006		15637.11		3.60
LEV B SOBACOTE HISTIE BASED LEV B-TRANSITIONAL IP CARE	0			.00					.00		.00
LEV B-REGULAR	500	0 12,935		1,844,956.89		.00 142.63	.090		3080.06		12.87
CINEDDADDIAME CARE DACII DD	599 62	1,971	\$	358,475.60	Ġ	192.03	014	Ġ	5781.86	Ś	
GINTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	10	1,153	Y	198,111.13	Y	171.82	.008	Y	4952.78	Y	1.38
ICF DDII	0	1,133		.00		.00	.000		.00		.00
ICE DDM/DDCM	22	818		160,364.47		196.04	.006		7289.29		1.12
GHEMODIALVSIS TOTAL	535	8,099	\$	564,692.91		69.72			1055.50	Ġ	3.94
HOSPITAL BASED	3	5	Y	13,070.10		2614.02	.000	٧	4356.70	Y	.09
HEMODIALYSIS CENTER	532	8,094		551,622.81		68.15	.056		1036.88		3.85
GREHARII.TTATION FACILITY	105	313	\$	13,160.81				Ś	125.34	Ś	
HOSPITAL BASED	105	305	۲	12,988.89	Υ	42.59	.002	٧	123.70	~	.09
TNDEPENDENT FACILITY	1	8									.00
GLARORATORY FACTLITY	3 802	11,753	\$	171.92 186,282.09	Ś	15 85	.082			Ś	1.30
PATHOLOGY	3,765	11,648	۲	185,625.22	Υ	15.94	.081		49.30	~	1.30
XO AND OTHERS	3 , 765 37	105		656.87		6 26	.001		17.75		.00
@ORGANIZED OUTPATIENT CLINIC		69 , 578	\$	9,366,408.45	Ś	134 62	.486			Ś	65.36
CLINIC	38,858 484 401	1,604	۲	32,119.06	Υ	134.62 20.02 48.87	.011		66.36	~	.22
SURGICENTER	401	1,550		75,756.04		48 87	.011		188.92		.53
HEROIN DETOX CLINIC	484 401 6 38,208	106		1,056.55		9.97	.001		176.09		.01
RURAL HEALTH CLINIC	38 208	66,318		9,257,476.80		139.59	.463		242.29		64.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		ES I							F	PAGE 4,892
MOP024	FEE-FOR-SERVICE				INDI OIN	1 1010 01110	2001 111110	DLO	2001	_	03/14/05
KINGS COUNTY		VICES FOR PUBLIC A	ASS	TSTANCE - TOTAL							03/11/03
1111100 0001111	0011111111 01 01111	1020 1010 102210 1		101111			N	тиол	HLY AVERA	GE	
143,298 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	15,065	512,845	\$	1,735,717.44	Ś	3 38	3 579		115.22		12.11
DURABLE MED. EOUIP.	783	1,759		353,423.09		200.92	.012		451.37		2.47
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	0	0		.00		3.38 200.92 .00 102.18 4.48 9.97 2.47	.000				.00
HEARING AID DISPENSERS	357	575		58,751.82		102.18	.000		164.57		.41
MEDICAL TRANSPORTATION	2,332	125.761		563,911.59		4.48	.878		241.81		3.94
AMBULANCES/AIR TRANS	1,557	125,761 29,386 94,188		293,038.13		9.97	.205		188.21		2.04
OTHER TRANS	498	94,188		232,500.63		2.47	.657		466.87		1.62
000000 00000000	106	0 107		20,00000		17 55	015		00 01		

38,372.83

31,905.92

11,502.00

92,071.22

53,560.35

3,954.28

205.44

.00

17.55

20.54

69.66

68.45

10.96

13.78

.00

104.56

.015

.000

.003

.001

.009

.000

.034

.002

88.01

41.09

911.60

104.56

313.17

23.57

158.17

.00

.27

.00

.22

.08

.64

.00

.37

.03

OTHER SERVICES

PHYSICAL THERAPIST

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST

GENETIC DISEASE TESTING

ACUPUNCTURE

OPTICIAN

436

5

35

110

294

2,272

0

25

2,187

10

458

110

0

1,345

4,885

287

27	55		743.59		13.52	.000		27.54		.01
112	296		38,352.33		129.57	.002		342.43		.27
111	295		38,233.25		129.60	.002		344.44		.27
1	1		119.08		119.08	.000		119.08		.00
21	84		5,831.62		69.42	.001		277.70		.04
239	576		43,851.75		76.13	.004		183.48		.31
25	522		65 , 330.72		125.15	.004		2613.23		.46
0	0		.00		.00	.000		.00		.00
5 , 713	23,926		232,720.97		9.73	.167		40.74		1.62
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
3 , 656	352 , 196		179,600.75		.51	2.458		49.12		1.25
1,151	32 , 592	\$	2,751,565.58	\$	84.42	.227	\$	2390.59	\$	19.20
9,209	87 , 182	\$	1,503,468.30	\$	17.25	.608	\$	163.26	\$	10.49
	111 1 21 239 25 0 5,713 0 0 0 3,656 1,151	112 296 111 295 1 1 21 84 239 576 25 522 0 0 5,713 23,926 0 0 0 0 0 0 3,656 352,196 1,151 32,592	112 296 111 295 1 1 21 84 239 576 25 522 0 0 0 5,713 23,926 0 0 0 0 0 0 3,656 352,196 1,151 32,592 \$	112 296 38,352.33 111 295 38,233.25 1 1 119.08 21 84 5,831.62 239 576 43,851.75 25 522 65,330.72 0 0 .00 5,713 23,926 232,720.97 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 3,656 352,196 179,600.75 1,151 32,592 \$ 2,751,565.58	112 296 38,352.33 111 295 38,233.25 1 1 119.08 21 84 5,831.62 239 576 43,851.75 25 522 65,330.72 0 0 .00 5,713 23,926 232,720.97 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 3,656 352,196 179,600.75 1,151 32,592 \$ 2,751,565.58	112 296 38,352.33 129.57 111 295 38,233.25 129.60 1 1 119.08 119.08 21 84 5,831.62 69.42 239 576 43,851.75 76.13 25 522 65,330.72 125.15 0 0 .00 .00 5,713 23,926 232,720.97 9.73 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 .00 .00 .51 1,151 32,592 \$ 2,751,565.58 \$ 84.42	112 296 38,352.33 129.57 .002 111 295 38,233.25 129.60 .002 1 1 119.08 119.08 .000 21 84 5,831.62 69.42 .001 239 576 43,851.75 76.13 .004 25 522 65,330.72 125.15 .004 0 0 .00 .00 .00 5,713 23,926 232,720.97 9.73 .167 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 .00 .00 .00 .00 0 0 .00 .00 .00 0 .00 .00 .00 .00 0 .00 .00 <	112 296 38,352.33 129.57 .002 111 295 38,233.25 129.60 .002 1 1 119.08 119.08 .000 21 84 5,831.62 69.42 .001 239 576 43,851.75 76.13 .004 25 522 65,330.72 125.15 .004 0 0 .00 .00 .000 5,713 23,926 232,720.97 9.73 .167 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00	112 296 38,352.33 129.57 .002 342.43 111 295 38,233.25 129.60 .002 344.44 1 1 119.08 119.08 .000 119.08 21 84 5,831.62 69.42 .001 277.70 239 576 43,851.75 76.13 .004 183.48 25 522 65,330.72 125.15 .004 2613.23 0 0 .00 .00 .00 .00 5,713 23,926 232,720.97 9.73 .167 40.74 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00	112 296 38,352.33 129.57 .002 342.43 111 295 38,233.25 129.60 .002 344.44 1 1 119.08 119.08 .000 119.08 21 84 5,831.62 69.42 .001 277.70 239 576 43,851.75 76.13 .004 183.48 25 522 65,330.72 125.15 .004 2613.23 0 0 .00 .00 .00 .00 5,713 23,926 232,720.97 9.73 .167 40.74 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,893 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

					MONTHLY AVERAGE -			
5,092 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	4,449	49,537	\$ 2,071,079.36	\$ 41.81	9.728	\$ 465.52	\$ 406.73	
@PHYSICIANS SERVICES	879	5,561	\$ 105,358.51	\$ 18.95	1.092	\$ 119.86	\$ 20.69	
OUTPATIENT VISITS	123	150	8,699.61	58.00	.029	70.73	1.71	
OFFICE VISITS	60	70	2,751.95	39.31	.014	45.87	.54	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	59	71	5,774.86	81.34	.014	97.88	1.13	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	8	9	172.80	19.20	.002	21.60	.03	
INPATIENT VISITS	35	126	5,464.09	43.37	.025	156.12	1.07	
HOSPITAL VISITS	33	113	4,026.89	35.64	.022	122.03	.79	
CRITICAL CARE	1	11	1,337.60	121.60	.002	1337.60	.26	
SNF/ICF/TRANS IP CARE	2	2	99.60	49.80	.000	49.80	.02	
OPHTHALMOLOGICAL SERVICES	12	11	414.20	37.65	.002	34.52	.08	
EXAMINATIONS	12	11	414.20	37.65	.002	34.52	.08	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	23	183	13,523.88	73.90	.036	587.99	2.66	
PRINCIPAL SURGEON	15	22	10,684.92	485.68	.004	712.33	2.10	
ASSISTANT SURGEON	1	1	374.53	374.53	.000	374.53	.07	
ANESTHESIOLOGIST	9	160	2,464.43	15.40	.031	273.83	.48	
OUTPATIENT SURGERY	32	127	16,883.28	132.94	.025	527.60	3.32	
PRINCIPAL SURGEON	24	34	15,146.36	445.48	.007	631.10	2.97	
ASSISTANT SURGEON	1	1	223.38	223.38	.000	223.38	.04	
ANESTHESIOLOGIST	9	92	1,513.54	16.45	.018	168.17	.30	
DIALYSIS	13	51	3 , 937.85	77.21	.010	302.91	.77	
PATHOLOGY	20	38	1,648.62	43.38	.007	82.43	.32	
RADIOLOGY	143	336	10,527.52	31.33	.066	73.62	2.07	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	2	4	24.57	6.14	.001	12.29	.00	
OTHER SERVICES/ALL X-OVERS	661	4,535	44,234.89	9.75	.891	66.92	8.69	
@PHARMACY	3,504	33,071	\$ 1,071,824.56	\$ 32.41	6.495	\$ 305.89	\$ 210.49	
PRESCRIPTION DRUGS	3,440	14,283	1,042,339.21	72.98	2.805	303.01	204.70	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	70	604		35 , 599.73		58.94	.119	508.57	6.9	99
OUTPATIENTS	3,373	13,679		1,006,739.48		73.60	2.686	298.47	197.	71
MEDICAL SUPPLIES	377	18,788		29,485.35		1.57	3.690	78.21	5.	79
@DENTIST	176	880	\$	•	\$	45.61	.173		\$ 7.8	
VISITS - DIAGNOSTIC	100	517		4,917.55		9.51	.102	49.18		97
ORAL SURGERY	47	133		6,690.45		50.30	.026	142.35	1.3	31
DRUGS	0	0		.00		.00	.000	.00	. (00
ANESTHESIA	1	1		100.00		100.00	.000	100.00	. (02
PERIODONTICS	8	9		933.50		103.72	.002	116.69	•	18
ENDODONTICS	11	11		2,705.00		245.91	.002	245.91	. !	53
RESTORATIVE DENTISTRY	34	67		6,582.00		98.24	.013	193.59	1.2	29
PROSTHETICS	3	3		.00		.00	.001	.00	. (00
DENTURES, STAYPLATES	51	138		18,208.75		131.95	.027	357.03	3.5	58
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	. (00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	. (00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	. (00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	. (00
ALL OTHER SERVICES	1	1		.00		.00	.000	.00	. (00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN 20	004 THRU I	DEC 2004	PAGE 4	,894
MOP024	FEE-FOR-SERVICE/DENT	AL							03/1	4/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR MN - N	o soc -	- AGED AID	CODE	14 1H 1U 1	LX			
						-	MO	ONTHLY AVERAG	GE	

						M	INO	'HLY AVERA	GΕ	
5,092 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	134	386	\$ 8,042.54	\$	20.84	.076	\$	60.02	\$	1.58
DIAGNOSTIC AND ANC. PROCED	44	48	1,991.19		41.48	.009		45.25		.39
EYE APPLIANCES	108	315	5,467.22		17.36	.062		50.62		1.07
OTHER OPTOMETRIC SERVICES	18	23	584.13		25.40	.005		32.45		.11
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	18	28	\$ 151.16	\$	5.40	.005	\$	8.40	\$.03
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	18	28	151.16		5.40	.005		8.40		.03
@HOME HEALTH AGENCY	6	68	\$ 4,596.71	\$	67.60	.013	\$	766.12	\$.90
NURSE ANESTHESIST	2	8	\$ 185.58	\$	23.20	.002	\$	92.79	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	459	2,218	\$ 330,970.74	\$	149.22	.436	\$	721.07	\$	65.00
HOSP INPATIENT TOTAL	84	152	282,654.59		1859.57	.030		3364.94		55.51
HSC HOSPITALS	5	23	31,693.48		1377.98	.005		6338.70		6.22
NON-HSC HOSPITAL TOTAL	22	129	206,841.36		1603.42	.025		9401.88		40.62
ACCOMMODATIONS	22	129	53,654.63		415.93	.025		2438.85		10.54
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	22	129	53,654.63		415.93	.025		2438.85		10.54
ANCILLARIES	22	0	153 , 186.73		.00	.000		6963.03		30.08
INPATIENT CROSSOVERS	57	0	44,119.75		.00	.000		774.03		8.66
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	391	2,066	48,316.15		23.39	.406		123.57		9.49
MEDICAL	75	113	5,611.63		49.66	.022		74.82		1.10
SURGERY	15	16	1,200.80		75.05	.003		80.05		.24
PATHOLOGY	159	889	11,119.42		12.51	.175		69.93		2.18

RADIOLOGY	93	135	10,673.75	79.06	.027	114.77	2.10
ROOM USE	75	108	5,166.04	47.83	.021	68.88	1.01
CROSSOVERS/ALL OTH OUTPINT	219	805	14,544.51	18.07	.158	66.41	2.86
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 4,895
MOP024	FEE-FOR-SERVICE/DE	ENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICE	ES FOR MN - NO SOC	C - AGED AID	CODE 14 1H 1U			
					MON		
5,092 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	459	2 , 218 \$	330 , 970.74	\$ 149.22			
COMM HOSP INPATIENT TOTAL	84	152	282,654.59	1859.57		3364.94	55.51
HSC HOSPITALS	5	23	31,693.48	1377.98	.005	6338.70	6.22
NON-HSC HOSPITALS TOTAL	22	129	206,841.36	1603.42		9401.88	40.62
ACCOMMODATIONS	22	129	53,654.63	415.93	.025	2438.85	10.54

ADMINITURD ARTITLE DAVIG	0	0		0.0		0.0	0.00		0.0		0.0
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	22	129		53,654.63		415.93	.025		2438.85		10.54
ANCILLARIES	22	0		153,186.73		.00	.023		6963.03		30.08
INPATIENT CROSSOVERS	57	0		44,119.75		.00	.000		774.03		8.66
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	391	2,066		48,316.15		23.39	.406		123.57		9.49
MEDICAL	75	113		5,611.63		49.66	.022		74.82		1.10
SURGERY	15	16		1,200.80		75.05	.003		80.05		.24
PATHOLOGY	159	889		11,119.42		12.51	.175		69.93		2.18
RADIOLOGY	93	135		10,673.75		79.06	.027		114.77		2.10
ROOM USE	75	108		5,166.04		47.83	.021		68.88		1.01
CROSSOVERS/ALL OTH OUTPTNT		805		14,544.51		18.07	.158		66.41		2.86
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	Τ.	.00	Τ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	79	1,599	\$	250,600.07	\$	156.72	.314	Ś	3172.15	Ś	49.21
LEV A-INTERMEDIATE	0	0	-	.00	-	.00	.000	-	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	79	1,599		250,600.07		156.72	.314		3172.15		49.21
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	25	593	\$	32,228.95	\$	54.35	.116	\$	1289.16	\$	6.33
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	25	593		32,228.95		54.35	.116		1289.16		6.33
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	56	162	\$	2,504.03	\$	15.46	.032	\$	44.71	\$.49
PATHOLOGY	47	149		2,336.13		15.68	.029		49.70		.46
XO AND OTHERS	9	13		167.90		12.92	.003		18.66		.03
@ORGANIZED OUTPATIENT CLINIC	1,192	2,093	\$	176,108.42	\$	84.14	.411	\$	147.74	\$	34.59
CLINIC	4	8		176.33		22.04	.002		44.08		.03
SURGICENTER	38	74		7,649.84		103.38	.015		201.31		1.50
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,160	2,011		168,282.25		83.68	.395		145.07		33.05
#CALIF DEPT OF HEALTH SERV			JRES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PI	AGE 4,896
MOP024	FEE-FOR-SERVICE	*									03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MN - N	10 SOC	- AGED AID	CODE	: 14 1H 1U				~-	
5 000									HLY AVERA	-	
5,092 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		CRAGE COST					COST PER
ONLI OMUDD DDOUTDDDG	F 4.0	OR DAYS OF CAR		40 270 04		R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	548	2,870	\$	48,370.84	\$	16.85	.564	\$	88.27	Ş	9.50
DURABLE MED. EQUIP.	19	37		7,632.05		206.27	.007		401.69		1.50
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	30 74	48 1 513		5,657.42 8 296 30		117.86 5.48	.009 .297		188.58		1.11 1.63
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	30	1,513 325		8,296.30					112.11 137.70		.81
OTHER TRANS	30	1,056		4,130.89 3,588.50		12.71 3.40	.064 .207		119.62		.70
OTHER TRANS OTHER SERVICES	20	132		576.91		4.37	.026		28.85		.11
ACUPUNCTURE	0	0		.00		.00	.026		.00		.00
VOOL OIMOT OIME	U	U		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	•	00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	23	2,597.06	112.92	.005	324.	63	.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		00	.00
OPTICIAN	110	242	2,956.96	12.22	.048	26.	88	.58
PHYSICAL THERAPIST	1	13	174.48	13.42	.003	174.	48	.03
PORTABLE X-RAY	1	1	1.79	1.79	.000	1.	79	.00
PROSTHETIST/ORTHOTISTS	5	9	212.76	23.64	.002	42.	55	.04
PROSTHETICS	5	9	212.76	23.64	.002	42.	55	.04
ORTHOTICS	0	0	.00	.00	.000		00	.00
PSYCHOLOGIST	1	1	57.04	57.04	.000	57.	04	.01
SPEECH AND AUDIOLOGY	16	29	4,420.85	152.44	.006	276.	30	.87
HOSPICE SERVICES	3	30	3,616.35	120.55	.006	1205.	45	.71
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		00	.00
ALL OTHER PROVIDERS	324	924	12,747.78	13.80	.181	39.	35	2.50
@CALIF. CHILDREN SERVICES*	1	2	\$ 795.63	\$ 397.82	.000	\$ 795.	63 \$.16
@XOVER EXCLUDING STATE HOSP**	1,045	9,884	\$ 172,105.70	\$ 17.41	1.941	\$ 164.	69 \$	33.80

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,897
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

	MONTHLY AVERAGE									
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	8	121 \$	9,172.43	\$ 75.81	10.083 \$	1146.55	\$ 764.37			
@PHYSICIANS SERVICES	4	4 \$	264.68	\$ 66.17	.333 \$	66.17	\$ 22.06			
OUTPATIENT VISITS	2	2	48.00	24.00	.167	24.00	4.00			
OFFICE VISITS	2	2	48.00	24.00	.167	24.00	4.00			
HOME VISITS	0	0	.00	.00	.000	.00	.00			
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00			
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00			
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00			
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00			
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00			
CRITICAL CARE	0	0	.00	.00	.000	.00	.00			
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00			
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00			
EXAMINATIONS	0	0	.00	.00	.000	.00	.00			
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00			
INPATIENT HOSPITAL SURGERY	1	1	210.53	210.53	.083	210.53	17.54			
PRINCIPAL SURGEON	1	1	210.53	210.53	.083	210.53	17.54			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00			
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00			
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00			
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00			
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00			
DIALYSIS	0	0	.00	.00	.000	.00	.00			
PATHOLOGY	0	0	.00	.00	.000	.00	.00			

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		6.15		6.15	.083		6.15		.51
@PHARMACY	5	28	\$	317.32	\$ 1	1.33	2.333	\$ 6	3.46	\$	26.44
PRESCRIPTION DRUGS	5	14		156.58	1	1.18	1.167	3	1.32		13.05
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	5	14		156.58		1.18	1.167		1.32		13.05
MEDICAL SUPPLIES	3	14		160.74	1	1.48	1.167		3.58		13.40
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUE	RES MONTH-OF-1	PAYMENT RE	PORT FO	R JAN	2004 THRU	DEC 200	4	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTAL									0	3/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	MN - NO	O SOC - BLIND		AI	D CODE	24				

							M	TNO	HLY AVERA	GE.	
12 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	C .		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	23	\$	1,497.26	\$	65.10	1.917	\$	748.63	\$	124.77
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	4	\$	48.28	\$	12.07	.333	\$	24.14	\$	4.02
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	Δ	48.28	12.07	.333	24.14	4.02
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	2	4	48.28	12.07	.333	24.14	4.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	Ô	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	Ü	Ü	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
ALL OTHER INPATIENT	0	0			.000		.00
CO HOSP OUTPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	•	· ·					
		ZO KKO EVDEKIDIDEO MOKI	TU-OF-DAVMENT DE	י זאואד פרטים יחסרומי			
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	SPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 4,899
MOP024	FEE-FOR-SERVICE	/DENTAL				C 2004	03/14/05
	FEE-FOR-SERVICE			PORT FOR JAN 2	24		03/14/05
MOP024 KINGS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR MN - NO SOC -	BLIND	AID CODE	24 MON	THLY AVERA	03/14/05 GE
MOP024	FEE-FOR-SERVICE	/DENTAL			24 MON	THLY AVERA	03/14/05
MOP024 KINGS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR MN - NO SOC -	BLIND	AID CODE	24 MON UNITS/DAYS	THLY AVERA	03/14/05 GE
MOP024 KINGS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE	BLIND	AID CODE	24 MON UNITS/DAYS	THLY AVERA COST PER USER	03/14/05 GE COST PER ELIGIBLE
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE	BLIND EXPENDITURES 48.28	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07	24 MON UNITS/DAYS PER ELIG .333 \$	THLY AVERA COST PER USER 24.14	03/14/05 GE COST PER ELIGIBLE \$ 4.02
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0	BLIND EXPENDITURES 48.28 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000	THLY AVERA COST PER USER 24.14 .00	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0	BLIND EXPENDITURES 48.28 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000	THLY AVERA COST PER USER 24.14 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0	BLIND EXPENDITURES 48.28 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000	THLY AVERA COST PER USER 24.14 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000	THLY AVERA COST PER USER 24.14 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 0 2	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 0 0 0 4	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 0 0 0 2 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 0 0 0 4	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 0 4 0 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 2 0 0 2 0 2	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 4 0 0 4	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 2 0 0 2 0 0 2	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 0 4 0 0 4	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 2 0 0 2 0 2	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 4 0 0 4	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 2 0 0 2 0 0 2	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 0 4 0 0 4	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 2 0 0 2 0 0 0 0	DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 4 0 0 4 0 0 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 2 0 0 2 0 0 0 0	DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 2 0 0 2 0 0 0 0	DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 0 4 0 0 0 4 0 0 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 0 2 0 0 2 0	DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 0 4 0 0 0 4 0 0 0 5 0 0 5 0 0 7 0 0 0 0 0 0 0 0 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 KINGS COUNTY 12 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 0 0 2 0 0 2 0 0 0 0	DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 0 0 0 0 0 0 0 0 0 0 4 0 0 0 4 0 0 0 0	BLIND EXPENDITURES 48.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 12.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .333 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 24.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$ 4.02 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	12.55	\$	6.28	.167	\$	12.55	\$	1.05
PATHOLOGY	1	2		12.55		6.28	.167		12.55		1.05
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	575.35	\$	82.19	.583	\$	115.07	\$	47.95
CLINIC	2	3		32.47		10.82	.250		16.24		2.71
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	4		542.88		135.72	.333		180.96		45.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	Ρž	AGE 4,900
MOP024	FEE-FOR-SERVICE/DE										03/14/05
KINGS COUNTY	SUMMARY OF SERVICE	S FOR MN - NO	SOC	- BLIND		AID CODE					
									HLY AVERA	GE ·	
12 ELIGIBLES		IITS OF SERVICE		EXPENDITURES		RAGE COST	,	-	COST PER		COST PER
	C	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2	53	\$	6,456.99	\$	121.83	4.417	\$	3228.50	\$	538.08
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	53	6,456.99	121.83	4.417	3228.50	538.08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
^ ·							

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,901
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

----- MONTHLY AVERAGE -----2,320 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,447 @TOTAL, ALL PROVIDERS 47,049 \$ 2,010,440.63 \$ 42.73 20.280 \$ 821.59 \$ 866.57 580 3,594 28.24 1.549 \$ 174.97 \$ @PHYSICIANS SERVICES 101,482.61 \$ OUTPATIENT VISITS 136 214 10,951.02 51.17 .092 80.52 4.72 61 .035 OFFICE VISITS 81 2,279.69 28.14 37.37 . 98 0 0 .00 .000 .00 HOME VISITS .00 .00 .00 .00 .00 27.50 40.71 71 EMERGENCY ROOM 119 8,286.32 .051 116.71 3.57 .00 .000 .00 PREVENTIVE CARE 0 .00 0 .00 .000 .00 OB VISITS/COMPRE PERI 385.01 29.62 OTHER OUTPATIENT 13 14 .006 .17 INPATIENT VISITS 325 13,231.11 40.71 .140 245.02 5.70 298 12,222.51 41.02 .128 244.45 HOSPITAL VISITS 1 121.60 CRITICAL CARE 1 121.60 121.60 .000 .05 SNF/ICF/TRANS IP CARE 4 26 887.00 34.12 221.75 .011 .38 OPHTHALMOLOGICAL SERVICES 48.97 19 783.57 41.24 .008 783.57 41.24 48.97 EXAMINATIONS 16 19 .008 .34 .00 .00 .00 SERVICES AND MATERIALS 0 0 .000 .00 77 8,175.32 106.17 .033 510.96 INPATIENT HOSPITAL SURGERY 23 563.96 PRINCIPAL SURGEON 13 7,331.45 318.76 .010 3.16 0 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 5 843.87 15.63 .023 168.77

OUTPATIENT SURGERY	21	82		10,235.51		124.82	.035		487.41		4.41
PRINCIPAL SURGEON	19	26		9,127.64		351.06	.011		480.40		3.93
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	56		1,107.87		19.78	.024		184.65		.48
DIALYSIS	6	16		1,212.92		75.81	.007		202.15		.52
PATHOLOGY	28	74		1,084.20		14.65	.032		38.72		.47
RADIOLOGY	93	232		8,413.79		36.27	.100		90.47		3.63
PSYCHIATRY	1	1		31.08		31.08	.000		31.08		.01
IMMUNIZATION AND INJECTION	19	762		24,068.61		31.59	.328		1266.77		10.37
OTHER SERVICES/ALL X-OVERS	381	1,792		23,295.48		13.00	.772		61.14		10.04
@PHARMACY	1,862	21,933	\$	822,615.48	\$	37.51		\$	441.79	Ś	354.58
PRESCRIPTION DRUGS	1,818	8,277		795,824.97		96.15	3.568		437.75		343.03
SNF/ICF	21	157		14,961.64		95.30	.068		712.46		6.45
OUTPATIENTS	1,800	8,120		780,863.33		96.17	3.500		433.81		336.58
MEDICAL SUPPLIES	248	13,656		26,790.51		1.96	5.886		108.03		11.55
@DENTIST	159	946	\$	33,541.38	\$	35.46		\$	210.95	Ś	14.46
VISITS - DIAGNOSTIC	107	583	۲	5,094.20	Y	8.74	.251	Υ	47.61	Ψ.	2.20
ORAL SURGERY	36	116		5,913.60		50.98	.050		164.27		2.55
DRUGS	1	3		45.00		15.00	.001		45.00		.02
ANESTHESIA	3	4		400.00		100.00	.001		133.33		.17
PERIODONTICS	16	17									
	13	21		1,581.00		93.00 231.90	.007		98.81		.68
ENDODONTICS	37			4,870.00			.009		374.62		2.10
RESTORATIVE DENTISTRY	- ·	109		7,275.58		66.75	.047		196.64		3.14
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	24	87		8,362.00		96.11	.038		348.42		3.60
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	8	5		.00		.00	.002		.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	8 MEDI-CAL SERVIO	5 CES AND EXPENDITU	RES M		EPORT	.00	.002	DEC	.00	P	.00 AGE 4,902
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	8 MEDI-CAL SERVICE FEE-FOR-SERVICE	5 CES AND EXPENDITU E/DENTAL		.00 ONTH-OF-PAYMENT R		.00 For Jan 2	.002 2004 THRU	DEC	.00	P	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	8 MEDI-CAL SERVICE FEE-FOR-SERVICE	5 CES AND EXPENDITU E/DENTAL		.00		.00 For Jan 2	.002 2004 THRU 8G		.00		.00 AGE 4,902 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	5 CES AND EXPENDITU E/DENTAL /ICES FOR MN - N	o soc	.00 ONTH-OF-PAYMENT R - DISABLED 64	6G 6I	.00 F FOR JAN 2 H 6U 6V 6X	.002 2004 THRU 8G	IONT	.00 : 2004 Chly AVERA	GE ·	.00 AGE 4,902 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	8 MEDI-CAL SERVICE FEE-FOR-SERVICE	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC	o soc E	.00 ONTH-OF-PAYMENT R	6G 61 AVE	.00 FOR JAN 2 H 6U 6V 6X ERAGE COST	.002 2004 THRU 8G M UNITS/DAY	IONT S	.00 2004 CHLY AVERA COST PER	GE ·	.00 AGE 4,902 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	5 CES AND EXPENDITU E/DENTAL FICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR	O SOC E E	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES	6G 61 AVI PEI	.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY	.002 2004 THRU 8G M UNITS/DAY PER ELIG	IONT S	.00 2004 CHLY AVERA COST PER USER	GE ·	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243	o soc E	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08	6G 61 AVE	.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105	IONT S	.00 2004 CHLY AVERA COST PER USER 65.09	GE ·	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 25	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30	O SOC E E	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97	6G 61 AVI PEI	.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013	IONT S	.00 2004 CHLY AVERA COST PER USER 65.09 47.96	GE ·	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - NO UNITS OF SERVIC OR DAYS OF CAR 243 30 200	O SOC E E	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68	6G 61 AVI PEI	.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086	IONT S	.00 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23	GE ·	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 25 67 10	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - NO UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13	O SOC E E \$.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43	6G 6H AVE PEF \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006	IONT S ; \$.00 2 2004 PHLY AVERA COST PER USER 65.09 47.96 49.23 57.94	GE (.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0	5 CES AND EXPENDITU E/DENTAL FICES FOR MN - NO UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0	O SOC E E	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00	6G 61 AVI PEI	.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006	IONT S ; \$.00 2 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00	GE (.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - NO UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0	O SOC E E \$.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00	6G 6H AVE PEF \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000	IONT S ; \$.00 PHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00	GE (.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 25 67 10 0 0 0	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0	O SOC E E \$.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00	6G 6H AVE PEF \$.00 F FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000	IONT S ; \$.00 2 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00	GE (.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0 0 0 1	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 0	O SOC E E \$.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00	6G 6H AVE PEF \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000	IONT S ; \$.00 PHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00	GE (.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 25 67 10 0 0 0 1 1	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 0 1	O SOC E E \$.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 57.20	6G 6H AVF PEF \$.00 F FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000	IONT S ; \$.00 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .00 57.20	GE (.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0 0 0 1 1	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 0 1 1	O SOC E E \$.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 .57.20	6G 6H AVF PEF \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 .00 57.20 57.20	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000	IONT S ; \$.00 2 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .57.20 .57.20	GE (.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .02 .02 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 25 67 10 0 0 0 1 1	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 0 1	O SOC E E \$.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 57.20	6G 6H AVF PEF \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 .00 57.20 57.20	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000	IONT S ; \$.00 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .00 57.20	GE (.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .02 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0 0 0 1 1	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 0 1 1	O SOC E E \$.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 .57.20	6G 6H AVF PEF \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 .00 57.20 57.20	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000	IONT S ; \$.00 2 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .57.20 .57.20	GE (.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .02 .02 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	WEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0 0 1 1 1 0 0	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 0 1 1	O SOC E E E \$ \$ \$.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 .57.20 .00 .00	6G 6H AVF PEF \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 .00 57.20 57.20	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000 .000	IONT S ; \$.00 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .57.20 .00 .00 .00 .00	GE : 1	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .02 .02 .02 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	WEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 1 1 0 0 0 0	O SOC E E S S S	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 .57.20 .00 .00 .00 .00 .00 .00 .00	6G 6H AVF PEF \$ \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 .00 57.20 57.20	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000 .000	IONT S; ; \$.00 2 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .57.20 .00 .00 .00	GE : 1	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .02 .02 .02 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	WEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0 0 1 1 0 0 17	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 0 1 1 0 0 1 1 1 0 0 0 1 1,947	O E E \$ \$ \$ \$ \$.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 .57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	6G 6F AVE PEF \$ \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 57.20 57.20 .00 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000 .000 .000	IONT'S;; \$.00 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .57.20 .00 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .02 .02 .02 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	WEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0 0 0 11 1 0 0 17 0 0 0 0 0 0 0 0 0	5 CES AND EXPENDITU E/DENTAL VICES FOR MN - NO UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 0 1 1 1 0 0	O SOC E E S S S	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 .57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	6G 6F AVE PEF \$ \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 57.20 57.20 .00 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000 .000 .000 .000	IONT'S;; \$.00 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .57.20 57.20 .00 .00 .00 .00	GE S S S S SSSS	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .00 .02 .02 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	WEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 25 67 10 0 0 11 1 0 0 17 0 0 0 0 0 0 0 0 0 0	5 CES AND EXPENDITURE/DENTAL FICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 0 1,947 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O EE S S S S S S S S S S S S S S S S S S	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 57.20 .57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	6G 6H AVH PEF \$ \$ \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 .57.20 .00 .00 .57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000 .000 .000 .000	IONT'S;; \$.00 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .57.20 .00 .00 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .02 .02 .02 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	WEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0 0 11 1 0 0 17 0 0 0 0 0 0 0 0 0 0	5 CES AND EXPENDITURE/DENTAL VICES FOR MN - NO UNITS OF SERVICO OR DAYS OF CAR 243 30 200 13 0 0 0 1,947 0 0 0 0	O EE S S S S S S S S S S S S S S S S S S	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 .57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	6G 6H AVH PEF \$ \$ \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 .57.20 .00 .57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000 .000 .000 .000	JONT	.00 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .57.20 57.20 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	WEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 78 25 67 10 0 0 11 1 0 0 17 0 0 0 0 0 0 0 0 0 0	5 CES AND EXPENDITURE/DENTAL FICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 0 1,947 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O EE S S S S S S S S S S S S S S S S S S	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 .57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	6G 6H AVH PEF \$ \$ \$ \$.00 FOR JAN 2 H 6U 6V 6X ERAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 .00 57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000 .000 .000 .000	ONT S;; \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .57.20 .00 .00 .00 .3581.27 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,320 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	8 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 78 25 67 10 0 0 11 1 1 0 0 0 0 17 0 0 0 274	5 CES AND EXPENDITURE/DENTAL FICES FOR MN - N UNITS OF SERVIC OR DAYS OF CAR 243 30 200 13 0 0 1,947 0 0 0 1,581	O EE S S S S S S S S S S S S S S S S S S	.00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 5,077.08 1,198.97 3,298.68 579.43 .00 .00 .00 .57.20 .57.20 .57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	6G 6H AVH PEF \$ \$ \$ \$.00 FOR JAN 2 H 6U 6V 6X GRAGE COST R UNIT/DAY 20.89 39.97 16.49 44.57 .00 .00 .57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	.002 2004 THRU 8G M UNITS/DAY PER ELIG .105 .013 .086 .006 .000 .000 .000 .000 .000 .000	ONT S;; \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 2004 CHLY AVERA COST PER USER 65.09 47.96 49.23 57.94 .00 .00 .57.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 4,902 03/14/05 COST PER ELIGIBLE 2.19 .52 1.42 .25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	25	228		279,260.17	1224.83	.098	11170.41	12	20.37
ACCOMMODATIONS	25	228		104,891.81	460.05	.098	4195.67	4	45.21
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	25	228		104,891.81	460.05	.098	4195.67	4	45.21
ANCILLARIES	25	0		174,368.36	.00	.000	6974.73		75.16
INPATIENT CROSSOVERS	24	0		17,231.32	.00	.000	717.97		7.43
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	235	1,334		27,731.48	20.79	.575	118.01		11.95
MEDICAL	59	124		4,474.93	36.09	.053	75.85		1.93
SURGERY	7	7		365.46	52.21	.003	52.21		.16
PATHOLOGY	98	482		6,018.92	12.49	.208	61.42		2.59
RADIOLOGY	53	65		5,207.94	80.12	.028	98.26		2.24
ROOM USE	69	118		4,600.94	38.99	.051	66.68		1.98
CROSSOVERS/ALL OTH OUTPINT	128	538		7,063.29	13.13	.232	55.18		3.04
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU:	RES M	ONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE	4,903
MOP024	FEE-FOR-SERVICE/DENTA							0.3	3/14/05
KINGS COUNTY	SUMMARY OF SERVICES F	OR MN - N	O SOC	- DISABLED 64 6	G 6H 6U 6V 6X	: 8G			
						M	ONTHLY AVERA	GE	

				MON	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
274	1,581 \$	345,466.97	\$ 218.51	.681 \$	1260.83	\$ 148.91
53	247	317,735.49	1286.38	.106	5995.01	136.95
4	19	21,244.00	1118.11	.008	5311.00	9.16
25	228	279,260.17	1224.83	.098	11170.41	120.37
25	228	104,891.81	460.05	.098	4195.67	45.21
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
25	228	104,891.81	460.05	.098	4195.67	45.21
25	0	174,368.36	.00	.000	6974.73	75.16
24	0	17,231.32	.00	.000	717.97	7.43
0	0	.00	.00	.000	.00	.00
235	1,334	27,731.48	20.79	.575	118.01	11.95
59	124	4,474.93	36.09	.053	75.85	1.93
7	7	365.46	52.21	.003	52.21	.16
98	482	6,018.92	12.49	.208	61.42	2.59
53	65	5,207.94	80.12	.028	98.26	2.24
69	118	4,600.94	38.99	.051	66.68	1.98
	274 53 4 25 25 25 0 0 25 25 24 0 235 59 7 98 53	OR DAYS OF CARE 274 1,581 53 247 4 19 25 228 25 228 0 0 0 25 228 25 24 0 0 235 24 7 98 482 53 65	OR DAYS OF CARE 274 1,581 345,466.97 337,735.49 4 19 21,244.00 25 228 279,260.17 25 228 104,891.81 0 0 0 0 25 228 104,891.81 25 0 174,368.36 24 0 0 177,231.32 0 0 235 1,334 27,731.48 59 124 4,474.93 7 7 365.46 98 482 6,018.92 53 65 5,207.94	OR DAYS OF CARE 274 1,581 53 247 317,735.49 1286.38 4 19 21,244.00 1118.11 25 228 279,260.17 1224.83 25 228 104,891.81 460.05 0 0 0 0 0 0 0 0 0 25 228 104,891.81 460.05 25 228 104,891.81 460.05 25 208 104,891.81 460.05 200 00 00 00 00 00 00 25 27 28 104,891.81 29 00 00 00 00 00 00 00 00 00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 274 1,581 \$ 345,466.97 \$ 218.51 .681 \$ 53 247 317,735.49 1286.38 .106 1 .00 .	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER USER 274 1,581 \$ 345,466.97 \$ 218.51 .681 \$ 1260.83 53 247 317,735.49 1286.38 .106 5995.01 4 19 21,244.00 1118.11 .008 5311.00 25 228 279,260.17 1224.83 .098 11170.41 25 228 104,891.81 460.05 .098 4195.67 0 0 .00 .00 .00 .00 25 228 104,891.81 460.05 .098 4195.67 0 0 .00 .00 .00 .00 25 228 104,891.81 460.05 .098 4195.67 25 228 104,891.81 460.05 .098 4195.67 25 228 104,891.81 460.05 .098 4195.67 25 0 174,368.36 .00

CROSSOVERS/ALL OTH OUTPTNT	128	538		7,063.29		13.13	.232		55.18		3.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	29	833	\$	256,456.52	\$	307.87	.359	\$		\$	110.54
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	8	308		178,575.66		579.79	.133		22321.96		76.97
LEV B-TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
LEV B-REGULAR	25	525		77,880.86		148.34	.226		3115.23		33.57
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	48	585	\$	47,317.54	\$	80.88	.252	\$	985.78	\$	20.40
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	48	585		47,317.54		80.88	.252		985.78		20.40
@REHABILITATION FACILITY	1	33	\$	900.40	\$	27.28	.014	\$	900.40	\$.39
HOSPITAL BASED	1	33	•	900.40		27.28	.014		900.40	•	.39
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	39	119	\$	1,977.99	\$	16.62	.051	\$	50.72	\$.85
PATHOLOGY	35	113	•	1,903.73		16.85	.049		54.39	•	.82
XO AND OTHERS	5	6		74.26		12.38	.003		14.85		.03
@ORGANIZED OUTPATIENT CLINIC	711	1,472	\$	169,361.35	\$	115.06	.634	Ś	238.20	Ś	73.00
CLINIC	1	, 3	•	73.86		24.62	.001		73.86	•	.03
SURGICENTER	13	26		2,945.77		113.30	.011		226.60		1.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	698	1,443		166,341.72		115.27	.622		238.31		71.70
#CALIF DEPT OF HEALTH SERV		,	RES N	MONTH-OF-PAYMENT I	REPORT			DEC		P.	AGE 4,904
MOP024	FEE-FOR-SERVICE/			1011111 01 11111111111			2001 111110		. 2001		03/14/05
KINGS COUNTY	SUMMARY OF SERVI		300	C - DISABLED 64	6G 6F	4 6U 6V 62	. 8G				03/11/00
RINGS COUNTY	SOIMMING OF SERVE	OLO I OIL III III		01	00 01	1 00 01 01		TIAON	HLY AVERA	GE.	
2,320 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	ΔVF	ERAGE COST	r UNITS/DAY		COST PER	-	COST PER
2,020 88101888	00210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	325	13,762	Ŝ	165,304.54	\$	12.01	5.932		508.63		71.25
DURABLE MED. EQUIP.	36	90	Y	13,506.44	Y	150.07	.039	Υ	375.18	Υ	5.82
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	11	27		2,235.35		82.79	.012		203.21		.96
MEDICAL TRANSPORTATION	62	6,742		17,261.36		2.56	2.906		278.41		7.44
MEDICAL IVANSFORTATION	02	0,742		1/,201.30		2.50	2.500		2/0.41		/ • 4 4

2,320 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	325	13 , 762 \$	165,304.54	\$ 12.01	5.932	508.63	\$ 71.25
DURABLE MED. EQUIP.	36	90	13,506.44	150.07	.039	375.18	5.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	27	2,235.35	82.79	.012	203.21	.96
MEDICAL TRANSPORTATION	62	6,742	17,261.36	2.56	2.906	278.41	7.44
AMBULANCES/AIR TRANS	24	821	5,887.12	7.17	.354	245.30	2.54
OTHER TRANS	14	5 , 815	10,510.53	1.81	2.506	750.75	4.53
OTHER SERVICES	25	106	863.71	8.15	.046	34.55	.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	74	5,169.80	69.86	.032	1292.45	2.23
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	11	1,612.00	146.55	.005	322.40	.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	71	151	1,648.69	10.92	.065	23.22	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	38.68	12.89	.001	38.68	.02
PROSTHETIST/ORTHOTISTS	5	10	436.96	43.70	.004	87.39	.19
PROSTHETICS	5	10	436.96	43.70	.004	87.39	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	16	2,135.18	133.45	.007	194.11	.92

HOSPICE SERVICES	0	0		.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	37	333		3,088.19	9.27	.144		83.46	1.33
EPSDT SUPPLEMENTAL SERVICE	8	4,229		109,032.50	25.78	1.823	_	13629.06	47.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	98	2,076		9,139.39	4.40	.895		93.26	3.94
@CALIF. CHILDREN SERVICES*	4	8	\$	808.19	\$ 101.02	.003	\$	202.05	\$.35
@XOVER EXCLUDING STATE HOSP**	475	3 , 533	\$	87,484.92	\$ 24.76	1.523	\$	184.18	\$ 37.71
A* TOTALS IN THESE IINES ADE CIVEN	76 7 65070745	TNEODMATTON	TTEM (ONIT V •					

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,905 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

					MON	THLY AVERA	jE
166,444 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	78 , 303	405,614 \$	25,630,606.70	\$ 63.19	2.437 \$	327.33	\$ 153.99
@PHYSICIANS SERVICES	18,748	57,813 \$	2,299,131.37	\$ 39.77	.347 \$	122.63	\$ 13.81
OUTPATIENT VISITS	11,853	18,777	776,217.70	41.34	.113	65.49	4.66
OFFICE VISITS	4,660	6,037	180,420.16	29.89	.036	38.72	1.08
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	5 , 849	6 , 695	390,027.27	58.26	.040	66.68	2.34
PREVENTIVE CARE	7	7	213.39	30.48	.000	30.48	.00
OB VISITS/COMPRE PERI	1,441	5 , 541	190,105.37	34.31	.033	131.93	1.14
OTHER OUTPATIENT	436	496	15,426.31	31.10	.003	35.38	.09
INPATIENT VISITS	920	2,745	191,393.56	69.72	.016	208.04	1.15
HOSPITAL VISITS	861	2,084	101,203.34	48.56	.013	117.54	.61
CRITICAL CARE	84	658	90,048.97	136.85	.004	1072.01	.54
SNF/ICF/TRANS IP CARE	2	3	141.25	47.08	.000	70.63	.00
OPHTHALMOLOGICAL SERVICES	102	126	5,329.31	42.30	.001	52.25	.03

EXAMINATIONS	102	126		5,329.31		42.30	.001		52.25		.03
SERVICES AND MATERIALS	0	Ō		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1,132	4,685		543,571.20		116.02	.028		480.19		3.27
PRINCIPAL SURGEON	800	922		453,389.26		491.75	.006		566.74		2.72
ASSISTANT SURGEON	146	147		28,743.60		195.53	.001		196.87		.17
ANESTHESIOLOGIST	321	3,616		61,438.34		16.99	.022		191.40		.37
OUTPATIENT SURGERY	1,330	3,334		202,642.51		60.78	.020		152.36		1.22
PRINCIPAL SURGEON	1,131	1,343		168,620.27		125.55	.008		149.09		1.01
ASSISTANT SURGEON	1	. 1		101.27		101.27	.000		101.27		.00
ANESTHESIOLOGIST	323	1,990		33,920.97		17.05	.012		105.02		.20
DIALYSIS	17	63		5,432.54		86.23	.000		319.56		.03
PATHOLOGY	1,881	2,856		50,166.63		17.57	.017		26.67		.30
RADIOLOGY	5 , 227	8,026		242,728.00		30.24	.048		46.44		1.46
PSYCHIATRY	, 0	. 0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	429	2,850		112,662.73		39.53	.017		262.62		.68
OTHER SERVICES/ALL X-OVERS	3,662	14,351		168,987.19		11.78	.086		46.15		1.02
@PHARMACY	37 , 558	129,007	\$	4,719,844.34	\$	36.59	.775	\$	125.67	\$	28.36
PRESCRIPTION DRUGS	37,014	95,460		4,574,811.39		47.92	.574		123.60		27.49
SNF/ICF	13	201		8,961.48		44.58	.001		689.34		.05
OUTPATIENTS	37,002	95,259		4,565,849.91		47.93	.572		123.39		27.43
MEDICAL SUPPLIES	1,866	33,547		145,032.95		4.32	.202		77.72		.87
@DENTIST	6,346	38,475	\$	1,100,635.98	\$	28.61	.231	\$	173.44	\$	6.61
VISITS - DIAGNOSTIC	4,920	27,454		335,989.70		12.24	.165		68.29		2.02
ORAL SURGERY	921	1,994		126,345.00		63.36	.012		137.18		.76
DRUGS	38	48		691.00		14.40	.000		18.18		.00
ANESTHESIA	134	134		12,900.00		96.27	.001		96.27		.08
PERIODONTICS	327	348		34,829.10		100.08	.002		106.51		.21
ENDODONTICS	561	921		139,594.49		151.57	.006		248.83		.84
RESTORATIVE DENTISTRY	2,008	6,383		357,114.32		55.95	.038		177.85		2.15
PROSTHETICS	38	41		940.00		22.93	.000		24.74		.01
DENTURES, STAYPLATES	74	346		28,000.30		80.93	.002		378.38		.17
SPACE MAINTAINERS	55	70		7,139.00		101.99	.000		129.80		.04
MAXILLOFACIAL SERVICES	198	204		21,957.54		107.64	.001		110.90		.13
FRACTURES, DISLOCATIONS	1	1		625.53		625.53	.000		625.53		.00
ORTHODONTIC SERVICES	326	389		33,235.00		85.44	.002		101.95		.20
ALL OTHER SERVICES	166	142		1,275.00		8.98	.001		7.68		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 4,906
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERVICE	S FOR MN-NOS	OC-FA	M 34 39 3N 3T 3V 5	54 59	5J 5W-5	Y 6J 7J 7K				
							N	IONT	HLY AVERA	GE	

							MONTHLY AVERAGE				
166,444 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2,193	6 , 950	\$	156,519.73	\$	22.52	.042	\$	71.37	\$.94
DIAGNOSTIC AND ANC. PROCED	1,847	1,999		82,387.93		41.21	.012		44.61		.49
EYE APPLIANCES	1,733	4,913		73,402.87		14.94	.030		42.36		.44
OTHER OPTOMETRIC SERVICES	28	38		728.93		19.18	.000		26.03		.00
@CHIROPRACTOR	9	11	\$	183.92	\$	16.72	.000	\$	20.44	\$.00
VISITS	9	11		183.92		16.72	.000		20.44		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	34	\$	1,584.70	\$	46.61	.000	\$	72.03	\$.01
MEDICINE/INJECTIONS	13	15		488.48		32.57	.000		37.58		.00
SURGERY/ANES.	3	4		696.03		174.01	.000		232.01		.00
RADIO./PATHOLOGY	7	11		190.30		17.30	.000		27.19		.00
OTHER	3	4		209.89		52.47	.000		69.96		.00
@HOME HEALTH AGENCY	170	448	\$	27,931.23	\$	62.35	.003	\$	164.30	\$.17
NURSE ANESTHESIST	117	706	\$	13,485.12	\$	19.10	.004	\$	115.26	\$.08

NURSE MIDWIFE	1	1	\$	8.08	\$	8.08	.000	\$	8.08	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER			\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	0 12 , 904	0 54 , 705	ب خ	7,878,913.12		144.03	.329		610.58		47.34
	1,202	34,703	Ą		ې			Ş		ې	
HOSP INPATIENT TOTAL		4,630		6,547,922.25		1414.24	.028		5447.52		39.34
HSC HOSPITALS	256	1,383		2,366,322.40		1711.01	.008		9243.45		14.22
NON-HSC HOSPITAL TOTAL	962	3,247		4,179,847.85		1287.30	.020		4344.96		25.11
ACCOMMODATIONS	959	3,247		1,494,897.03		460.39	.020		1558.81		8.98
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	959 0 0 959 962	3,247		1,494,897.03		460.39	.020		1558.81		8.98
ANCILLARIES	962	0		2,684,950.82		.00	.000		2791.01		16.13
INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	2	0 0 50,075		1,752.00		.00	.000		876.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12,154	50 , 075		1,330,990.87		26.58	.301		109.51		8.00
MEDICAL	3 , 338	5 , 513		182,474.29		33.10	.033		54.67		1.10
SURGERY	1,211	1,355		57,820.56		42.67	.008		47.75		.35
PATHOLOGY	4,967	20,634		254,122.04		12.32	.124		51.16		1.53
RADIOLOGY	3,476	4,727		332,793.61		70.40	.028		95.74		2.00
ROOM USE	7,062	8,996		370,754.91		41.21	.054		52.50		2.23
CROSSOVERS/ALL OTH OUTPINT	4.130	8,850		133,025.46		15.03	.053		32.21		.80
@COUNTY HOSPITAL TOTAL	4 , 130 58	207	\$	49,722.36			.001	Ś		Ś	.30
CO HOSPITAL INPATIENT TOTAL		32		42,168.04		1317.75	.000		4216.80		.25
HSC HOSPITALS	1.0	2.2		42,168.04		1317.75	.000		4216.80		.25
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT	U F 2	175		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	52 19	0 0 0 0 0 0 0 0 0 175 33		7,554.32		43.17	.001		145.28		.05
MEDICAL	19	33		1,664.94		50.45	.000		87.63		.01
SURGERY	0	1		285.59		40.80	.000		47.60		.00
PATHOLOGY	15	43		554.33		12.89	.000		36.96		.00
RADIOLOGY	9	14		1,819.93		130.00	.000		202.21		.01
ROOM USE	37	52		2,217.32		42.64			59.93		.01
CROSSOVERS/ALL OTH OUTPTNT		26		1,012.21		38.93	.000		50.61		.01
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT F	REPOR	T FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 4,907
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MN-NOS	OC-F	AM 34 39 3N 3T 3V	54 5	9 5J 5W-5Y					
							M				
166,444 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR	E			R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12,854	54 , 498	\$	7,829,190.76	\$	143.66	.327	\$	609.09	\$	47.04
COMM HOSP INPATIENT TOTAL	1,192	4,598		6,505,754.21		1414.91	.028		5457.85		39.09
HSC HOSPITALS	246	1,351		2,324,154.36		1720.32	.008		9447.78		13.96
NON-HSC HOSPITALS TOTAL	962	3,247		4,179,847.85		1287.30	.020		4344.96		25.11
ACCOMMODATIONS	959	3,247		1,494,897.03		460.39	.020		1558.81		8.98
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	959	3,247		1,494,897.03		460.39	.020		1558.81		8.98
ANCILLARIES	962	, 0		2,684,950.82		.00	.000		2791.01		16.13
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000		876.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

0

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ALL OTHER INPATIENT

0

COMM HOSP OUTPATIENT TOTAL	12,108	49,900		1,323,436.55		26.52	.300	109	3.30		7.95		
MEDICAL	3,320	5,480		180,809.35		32.99	.033		1.46		1.09		
SURGERY	1,205	1,348		57,534.97		42.68	.008		7.75		.35		
PATHOLOGY	4,953	20,591		253,567.71		12.31	.124		.19		1.52		
RADIOLOGY	3,468	4,713		330,973.68		70.23	.028		5.44		1.99		
ROOM USE	7,029	8,944		368,537.59		41.21	.054		2.43		2.21		
CROSSOVERS/ALL OTH OUTPTNT	•	8,824		132,013.25		14.96	.053		2.11		.79		
@STATE HOSPITAL	-, 0	0	\$.00	\$.00	.000		.00	\$.00		
MENTALLY ILL	0	0		.00	·	.00	.000		.00		.00		
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00		
@NURSING FACILITY	18	492	\$	245,481.54	\$	498.95	.003	\$ 13637		\$	1.47		
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00		
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00		
LEV B-SUBACUTE HSPTL BASED	15	424		236,476.28		557.73	.003	15765	5.09		1.42		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00		
LEV B-REGULAR	3	68		9,005.26		132.43	.000	3001	.75		.05		
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00		
ICF DDH	0	0		.00		.00	.000		.00		.00		
ICF DD	0	0		.00		.00	.000		.00		.00		
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00		
@HEMODIALYSIS TOTAL	49	1,153	\$	70,099.48	\$	60.80	.007	\$ 1430	.60	\$.42		
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00		
HEMODIALYSIS CENTER	49 48	1,153		70,099.48		60.80	.007	1430	.60		.42		
@REHABILITATION FACILITY	48	158	\$	5,491.37	\$	34.76	.001	\$ 114	1.40	\$.03		
HOSPITAL BASED	48	158		5,491.37		34.76	.001	114	1.40		.03		
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00		
@LABORATORY FACILITY	48 48 0 5,265 5,256	14,215	\$	243,941.70	\$	17.16	.085	\$ 46	5.33	\$	1.47		
PATHOLOGY	5 , 256	14,202		243,108.70		17.12	.085	46	5.25		1.46		
XO AND OTHERS	14	13		833.00		64.08	.000	59	.50		.01		
@ORGANIZED OUTPATIENT CLINIC	34,051	60,294	\$	8,446,719.28	\$	140.09	.362	\$ 248	3.06	\$	50.75		
CLINIC	790	2,632		52,147.94		19.81	.016		5.01		.31		
SURGICENTER	270	1,414		50,790.99		35.92	.008	188	3.11		.31		
HEROIN DETOX CLINIC	4	66		761.82		11.54	.000	190	.46		.00		
RURAL HEALTH CLINIC	33,214	56,182		8,343,018.53		148.50	.338		.19		50.13		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 2	2004 THRU	DEC 2004	ļ	P	AGE 4,908		
MOP024	FEE-FOR-SERVICE/DEN										03/14/05		
KINGS COUNTY	SUMMARY OF SERVICES	S FOR MN-NOS	OC-FA	AM 34 39 3N 3T 3V 5	KINGS COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

----- MONTHLY AVERAGE -----166,444 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 8,074 41,152 52.10 \$ @ALL OTHER PROVIDERS 420,635.74 10.22 .247 \$ 2.53 146.53 DURABLE MED. EQUIP. 130 424 19,049.40 44.93 .003 .11 0 0 .00 .00 BLOOD BANK .00 .00 .000 30 3,627.69 120.92 HEARING AID DISPENSERS 65 55.81 .000 .02 822 MEDICAL TRANSPORTATION 18,473 148,464.73 8.04 .111 180.61 .89 AMBULANCES/AIR TRANS 818 17,733 139,494.38 7.87 .107 170.53 .84 719 2.25 404.97 OTHER TRANS 4 1,619.89 .004 .01 OTHER SERVICES 18 21 7,350.46 350.02 .000 408.36 .04 21.63 43.25 .00 ACUPUNCTURE 43.25 .000 0 0 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 GENETIC DISEASE TESTING 337 338 35,490.00 105.00 .002 105.31 .21 .00 .00 .00 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 OPTICIAN 1,580 3,352 32,716.59 9.76 .020 20.71 .20 PHYSICAL THERAPIST 25 245 3,600.97 14.70 .001 144.04 .02

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	85	130	12,512.59	96.25	.001	147.21	.08
PROSTHETICS	85	130	12,512.59	96.25	.001	147.21	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	265.92	88.64	.000	265.92	.00
SPEECH AND AUDIOLOGY	66	109	5,821.56	53.41	.001	88.21	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,980	13,683	154,800.28	11.31	.082	31.08	.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	138	4,328	4,242.76	.98	.026	30.74	.03
@CALIF. CHILDREN SERVICES*	526	20,423	\$ 1,556,074.15	\$ 76.19	.123	\$ 2958.32	\$ 9.35
@XOVER EXCLUDING STATE HOSP**	155	1,485	\$ 28,903.52	\$ 19.46	.009	\$ 186.47	\$.17

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,909
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

KINGS COUNTY	SUMMARY OF SER	VICES FOR MN - NO SC	JC -	TOTAL				
						MON		
173,868 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	85 , 207	•		29,721,299.12	\$ 59.17	2.889 \$	348.81	\$ 170.94
@PHYSICIANS SERVICES	20,211	66 , 972 \$		2,506,237.17	\$ 37.42	.385 \$	124.00	\$ 14.41
OUTPATIENT VISITS	12,114	19,143		795,916.33	41.58	.110	65.70	4.58
OFFICE VISITS	4,783	6 , 190		185,499.80	29.97	.036	38.78	1.07
HOME VISITS	1	1		25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	5 , 979	6,885		404,088.45	58.69	.040	67.58	2.32
PREVENTIVE CARE	7	7		213.39	30.48	.000	30.48	.00
OB VISITS/COMPRE PERI	1,441	5,541		190,105.37	34.31	.032	131.93	1.09
OTHER OUTPATIENT	457	519		15,984.12	30.80	.003	34.98	.09
INPATIENT VISITS	1,009	3,196		210,088.76	65.73	.018	208.21	1.21
HOSPITAL VISITS	944	2,495		117,452.74	47.08	.014	124.42	.68
CRITICAL CARE	86	670		91,508.17	136.58	.004	1064.05	.53
SNF/ICF/TRANS IP CARE	8	31		1,127.85	36.38	.000	140.98	.01
OPHTHALMOLOGICAL SERVICES	130	156		6,527.08	41.84	.001	50.21	.04
EXAMINATIONS	130	156		6,527.08	41.84	.001	50.21	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,172	4,946		565,480.93	114.33	.028	482.49	3.25
PRINCIPAL SURGEON	829	968		471,616.16	487.21	.006	568.90	2.71
ASSISTANT SURGEON	147	148		29,118.13	196.74	.001	198.08	.17
ANESTHESIOLOGIST	335	3,830		64,746.64	16.91	.022	193.27	.37
OUTPATIENT SURGERY	1,383	3,543		229,761.30	64.85	.020	166.13	1.32
PRINCIPAL SURGEON	1,174	1,403		192,894.27	137.49	.008	164.31	1.11
ASSISTANT SURGEON	2	2		324.65	162.33	.000	162.33	.00
ANESTHESIOLOGIST	338	2,138		36,542.38	17.09	.012	108.11	.21
DIALYSIS	36	130		10,583.31	81.41	.001	293.98	.06
PATHOLOGY	1,929	2,968		52,899.45	17.82	.017	27.42	.30
RADIOLOGY	5,463	8,594		261,669.31	30.45	.049	47.90	1.50
PSYCHIATRY	1	1		31.08	31.08	.000	31.08	.00
IMMUNIZATION AND INJECTION	450	3,616		136,755.91	37.82	.021	303.90	.79
OTHER SERVICES/ALL X-OVERS	4,705	20,679		236,523.71	11.44	.119	50.27	1.36
@PHARMACY	42,929	184,039 \$		6,614,601.70	\$ 35.94	1.058 \$	154.08	\$ 38.04
PRESCRIPTION DRUGS	42,277	118,034		6,413,132.15	54.33	.679	151.69	36.89

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	104	962	59,522.85	61.87	.006	572.34	.34
OUTPATIENTS	42,180	117,072	6,353,609.30	54.27	.673	150.63	36.54
MEDICAL SUPPLIES	2,494	66 , 005	201,469.55	3.05	.380	80.78	1.16
@DENTIST	6,681	40,301 \$	1,174,314.61	\$ 29.14	.232 \$	175.77	\$ 6.75
VISITS - DIAGNOSTIC	5 , 127	28,554	346,001.45	12.12	.164	67.49	1.99
ORAL SURGERY	1,004	2,243	138,949.05	61.95	.013	138.40	.80
DRUGS	39	51	736.00	14.43	.000	18.87	.00
ANESTHESIA	138	139	13,400.00	96.40	.001	97.10	.08
PERIODONTICS	351	374	37,343.60	99.85	.002	106.39	.21
ENDODONTICS	585	953	147,169.49	154.43	.005	251.57	.85
RESTORATIVE DENTISTRY	2,079	6 , 559	370,971.90	56.56	.038	178.44	2.13
PROSTHETICS	41	44	940.00	21.36	.000	22.93	.01
DENTURES, STAYPLATES	149	571	54,571.05	95.57	.003	366.25	.31
SPACE MAINTAINERS	55	70	7,139.00	101.99	.000	129.80	.04
MAXILLOFACIAL SERVICES	199	205	21,957.54	107.11	.001	110.34	.13
FRACTURES, DISLOCATIONS	1	1	625.53	625.53	.000	625.53	.00
ORTHODONTIC SERVICES	326	389	33,235.00	85.44	.002	101.95	.19
ALL OTHER SERVICES	175	148	1,275.00	8.61	.001	7.29	.01
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	004 THRU DE	C 2004	PAGE 4,910
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SERVI	CES FOR MN - NO SOC	- TOTAL				
					MON'	THLY AVERA	GE
173,868 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	2,405	7 , 579 \$	169,639.35	\$ 22.38	.044 \$	70.54	\$.98
DIAGNOSTIC AND ANC. PROCED	1,916	2,077	85 , 578.09	41.20	.012	44.66	.49
EYE APPLIANCES	1,908	5,428	82 , 168.77	15.14	.031	43.07	.47

74

11

0

63

11

\$

\$

56

9

9

0

41

OTHER OPTOMETRIC SERVICES

@CHIROPRACTOR

OTHER SERVICES

VISITS

@PODIATRIST

25.57

16.72

16.72

.00

28.46

33.79

20.44

.00

20.44 \$

43.73 \$

.01

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.000 \$

.000 \$

1,892.49

183.92

183.92 \$

.00

1,793.06 \$

MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	14 3 7 21 195	16 4 11 32	545.68 696.03 190.30 361.05	34.11 174.01 17.30 11.28	.000	38.98 232.01 27.19 17.19 486.70	.00
NURSE ANESTHESIST	119	2,486 \$ 714 \$	94,906.77 13,670.70	\$ 38.18 \$ 19.15	.014 \$.004 \$		
NURSE MIDWIFE	1	1 \$	8.08	\$ 8.08	.000 \$	8.08	
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	0	0 \$		\$.00	.000 \$		
@TOTAL HOSPITAL		58,508 \$		\$ 146.23		627.27	
HOSP INPATIENT TOTAL	1,339	5,029	7,148,312.33	1421.42	.029	5338.55	41.11
HSC HOSPITALS	265	1,425	2,419,259.88	1697.73	.008	9129.28	13.91
NON-HSC HOSPITAL TOTAL	1,009	3,604	4,665,949.38	1294 66			26.84
ACCOMMODATIONS	1,006	3,604	1,653,443.47	1294.66 458.78	.021	4624.33 1643.58	9.51
ADMINISTRATIVE DAYS	1,000	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,006	3,604	1,653,443.47	458.78	.021	1643.58	9.51
ANCILLARIES	1,009	0	3,012,505.91	.00	.000	2985.64	17.33
INPATIENT CROSSOVERS	83	0	63,103.07	.00	.000	760.28	.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12,782	53,479	1,407,086.78	26.31	.308	110.08	8.09
MEDICAL	3,472	5,750	192,560.85	33.49	.033	55.46	1.11
SURGERY	1,233	1,378	59,386.82	43.10	.008	48.16	.34
PATHOLOGY	5,226	22,009	271,308.66	12.33		51.92	1.56
RADIOLOGY	3,622	4,927	348,675.30	70.77	.028	96.27	2.01
ROOM USE	7,206	9,222	200 521 00	11 26	.053	52.81	2.19
CROSSOVERS/ALL OTH OUTPTNT		10,193	154,633.26	15.17	.059	34.54	.89
@COUNTY HOSPITAL TOTAL	58	207 \$	49,722.36		001 6	857.28	
CO HOSPITAL INPATIENT TOTAL		32	42,168.04	1317.75	.000	4216.80	.24
HSC HOSPITALS	10	32	42,168.04	1317.75	.000	4216.80	.24
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	52	175	7,554.32	43.17	.001	145.28	.04
MEDICAL	19	33	1,664.94	50.45	.000	87.63	.01
SURGERY	6	7	285.59	40.80	.000	47.60	.00
PATHOLOGY	15	43	554.33	12.89	.000	36.96	.00
RADIOLOGY	9	14	1,819.93	130.00	.000	202.21	.01
ROOM USE	37	52	2,217.32	42.64	.000	59.93	.01
CROSSOVERS/ALL OTH OUTPTNT		26	1,012.21	38.93	.000	50.61	.01
		ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 4,911
MOP024	FEE-FOR-SERVICE						03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SC	OC - TOTAL				
					MON		
173,868 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,589	58,301 \$	8,505,676.75	\$ 145.89	.335 \$		
COMM HOSP INPATIENT TOTAL	1,329	4,997	7,106,144.29	1422.08	.029	5346.99	40.87
HSC HOSPITALS	255	1,393	2,377,091.84	1706.46	.008	9321.93	13.67
NON-HSC HOSPITALS TOTAL	1,009	3,604	4,665,949.38	1294.66	.021	4624.33	26.84
ACCOMMODATIONS	1,006	3,604	1,653,443.47	458.78	.021	1643.58	9.51

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	1,006	3,604		1,653,443.47		458.78	.021		1643.58		9.51
ANCILLARIES	1,009	0		3,012,505.91		.00	.000		2985.64		17.33
INPATIENT CROSSOVERS	83	0		63,103.07		.00	.000		760.28		.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	12,736	53,304		1,399,532.46		26.26	.307		109.89		8.05
MEDICAL	3,454	5,717		190,895.91		33.39	.033		55.27		1.10
SURGERY	1,227	1,371		59,101.23		43.11	.008		48.17		.34
PATHOLOGY	5,212	21,966		270,754.33		12.33	.126		51.95		1.56
RADIOLOGY	3,614	4,913		346,855.37		70.60	.028		95.98		1.99
ROOM USE	7,173	9,170		378,304.57		41.25	.053		52.74		2.18
CROSSOVERS/ALL OTH OUTPTNT		10,167	<u> </u>	153,621.05	<u> </u>	15.11	.058	<u> </u>	34.46	<u>^</u>	.88
@STATE HOSPITAL	0 0 0 126 0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	126	2 , 924	\$		\$	257.37	.017	ċ	5972.52	ċ	
<pre>@NURSING FACILITY LEV A-INTERMEDIATE</pre>	120	2,924 0	ې	752,538.13 .00	ې	.00	.000	Ą	.00	Ą	4.33
LEV D DELLAD MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	23	732				567.01	.004	_	.00 L8045.74		2.39
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		415,051.94		.00	.004	-	.00		.00
LEV B-REGULAR	107	2,192		337,486.19		153.96	.013		3154.08		1.94
			Ś	.00	Ś	.00	.000	Ċ	.00	Ċ	.00
TOF DOH	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICE DD	0	0		.00		.00	.000		.00		.00
ICE DDN/DDCN	0	0		.00		.00	.000		.00		.00
GHEMODIALYSIS TOTAL	122	2,331	\$	149,645.97	\$	64.20		Ś	1226.61	S	.86
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	2,331	٧	.00	۲	.00	.000	Y	.00	٧	.00
HEMODIALYSIS CENTER	122	2,331		149,645.97		64.20	.013		1226.61		.86
GREHARILITATION FACILITY	49	191	Ś	6,391.77	\$	33.46			130.44	Ś	.04
HOSPITAL BASED	49	191	т	6,391.77	т	33.46	.001	Τ	130.44	Τ.	.04
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5 , 361	14,498	\$	248,436.27	\$	17.14	.083	Ś	46.34	Ś	1.43
PATHOLOGY	5,339	14,466	·	247,361.11		17.10	.083		46.33		1.42
XO AND OTHERS	28	32		1,075.16		33.60	.000		38.40		.01
@ORGANIZED OUTPATIENT CLINIC	35,959	63,866	\$	8,792,764.40	\$	137.68	.367	\$	244.52	\$	50.57
CLINIC	797	2,646	·	52,430.60	·	19.82	.015		65.78	•	.30
SURGICENTER	321	1,514		61,386.60		40.55	.009		191.24		.35
HEROIN DETOX CLINIC	4	. 66		761.82		11.54	.000		190.46		.00
RURAL HEALTH CLINIC	35 , 075	59,640		8,678,185.38		145.51	.343		247.42		49.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES M		REPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 4,912
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERV	/ICES FOR MN - NO	SOC	- TOTAL							
							M	ONTE	HLY AVERA	GE ·	
173,868 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CARE	Ē		PEF	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	8,949	57 , 837	\$	640,768.11	\$	11.08	.333	\$	71.60	\$	3.69
DURABLE MED. EQUIP.	185	551		40,187.89		72.94	.003		217.23		.23
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	71	140		11,520.46		82.29	.001		162.26		.07
MEDICAL TRANSPORTATION	958	26 , 728		174,022.39		6.51	.154		181.65		1.00
AMBULANCES/AIR TRANS	872	18 , 879		149,512.39		7.92	.109		171.46		.86
OTHER TRANS	48	7 , 590		15 , 718.92		2.07	.044		327.48		.09
OTHER SERVICES	63	259		8,791.08		33.94	.001		139.54		.05
ACUPUNCTURE	1	2		43.25		21.63	.000		43.25		.00

ADULT DAY HEALTH CARE CTR	4	74	5 , 169.80	69.86	.000	1292.45	.03
GENETIC DISEASE TESTING	337	338	35,490.00	105.00	.002	105.31	.20
IHMC, MODEL-NF, NF, AIDS, MSSP	13	34	4,209.06	123.80	.000	323.77	.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,761	3,745	37,322.24	9.97	.022	21.19	.21
PHYSICAL THERAPIST	26	258	3,775.45	14.63	.001	145.21	.02
PORTABLE X-RAY	2	4	40.47	10.12	.000	20.24	.00
PROSTHETIST/ORTHOTISTS	95	149	13,162.31	88.34	.001	138.55	.08
PROSTHETICS	95	149	13,162.31	88.34	.001	138.55	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	4	322.96	80.74	.000	161.48	.00
SPEECH AND AUDIOLOGY	93	154	12,377.59	80.37	.001	133.09	.07
HOSPICE SERVICES	5	83	10,073.34	121.37	.000	2014.67	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,017	14,016	157,888.47	11.26	.081	31.47	.91
EPSDT SUPPLEMENTAL SERVICE	8	4,229	109,032.50	25.78	.024	13629.06	.63
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	560	7,328	26,129.93	3.57	.042	46.66	.15
@CALIF. CHILDREN SERVICES*	531	20,433	\$ 1,557,677.97	\$ 76.23	.118	\$ 2933.48	\$ 8.96
@XOVER EXCLUDING STATE HOSP**	1,675	14,902	\$ 288,494.14	\$ 19.36	.086	\$ 172.24	\$ 1.66

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,913
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

NINGS COUNTY	DOINTHILL OF DELL	VIOLD ION IN DOO IN	J D D	TITE CODE I			
					MON	THLY AVERA	GE
237 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	318	4 , 152 \$	255,531.02	\$ 61.54	17.519 \$	803.56	\$ 1078.19
@PHYSICIANS SERVICES	71	168 \$	2,303.41	\$ 13.71	.709 \$	32.44	\$ 9.72
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	71	168		2,303.41		13.71	.709		32.44		9.72
@PHARMACY	183	1,514	\$	100,563.98	\$	66.42	6.388	\$	549.53	\$	424.32
PRESCRIPTION DRUGS	171	953		96,246.44		100.99	4.021		562.84		406.10
SNF/ICF	43	322		22,668.28		70.40	1.359		527.17		95.65
OUTPATIENTS	129	631		73,578.16		116.61	2.662		570.37		310.46
MEDICAL SUPPLIES	26	561		4,317.54		7.70	2.367		166.06		18.22
@DENTIST	16	123	\$	5,818.00	\$	47.30	.519	\$	363.63	\$	24.55
VISITS - DIAGNOSTIC	9	58		351.00		6.05	.245		39.00		1.48
ORAL SURGERY	4	23		948.00		41.22	.097		237.00		4.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.004		100.00		.42
PERIODONTICS	3	3		173.00		57.67	.013		57.67		.73
ENDODONTICS	1	1		330.00		330.00	.004		330.00		1.39
RESTORATIVE DENTISTRY	2	6		387.00		64.50	.025		193.50		1.63
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	31		3,529.00		113.84	.131		882.25		14.89
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR'	r for jan	2004 THRU	DEC	2004	PI	AGE 4,914
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									03/14/05
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KINGS COUNTI	SOMMAKI OF SEK	VICES FOR MM - S	JC - 1	AGED	A.	ID CODE I/	T T				
							M	ONT	HLY AVERA	GE	
237 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	8	27	\$	662.86	\$	24.55	.114	\$	82.86	\$	2.80
DIAGNOSTIC AND ANC. PROCED	6	6		280.45		46.74	.025		46.74		1.18
EYE APPLIANCES	7	19		329.81		17.36	.080		47.12		1.39
OTHER OPTOMETRIC SERVICES	1	2		52.60		26.30	.008		52.60		.22
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	3.26	\$	3.26	.004	\$	3.26	\$.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		3.26		3.26	.004		3.26		.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	88	\$	6 , 786.77	\$	77.12	.371	\$	242.38	\$	28.64
HOSP INPATIENT TOTAL	8	0		4,678.80		.00	.000		584.85		19.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

KINGS COUNTY

INPATIENT CROSSOVERS	8	0		4,678.80	.00	.000	584.85		19.74
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	20	88		2,107.97	23.95	.371	105.40		8.89
MEDICAL	1	1		15.89	15.89	.004	15.89		.07
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		2.66	2.66	.004	2.66		.01
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	1		35.85	35.85	.004	35.85		.15
CROSSOVERS/ALL OTH OUTPINT	17	85		2,053.57	24.16	.359	120.80		8.66
@COUNTY HOSPITAL TOTAL	1	3	\$	16.10	\$ 5.37	.013	16.10	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		16.10	5.37	.013	16.10		.07
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	3		16.10	5.37	.013	16.10		.07
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PA	AGE 4,915
MOP024	FEE-FOR-SERVICE/D								03/14/05
KINGS COUNTY	SUMMARY OF SERVIC	ES FOR MN - S	oc -	AGED	AID CODE 17				
						MON		-	
237 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	COST PER

		OR DAYS OF CARE	,		חשם	R UNIT/DAY	DED ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	OR DAIS OF CARE	\$	6,770.67	\$	79.65	.359		250.77		28.57
COMM HOSP INPATIENT TOTAL	8	0	٧	4,678.80	٧	.00	.000	Y	584.85	٧	19.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	0		4,678.80		.00	.000		584.85		19.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	19	85		2,091.87		24.61	.359		110.10		8.83
MEDICAL	1	1		15.89		15.89	.004		15.89		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		2.66		2.66	.004		2.66		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		35.85		35.85	.004		35.85		.15
CROSSOVERS/ALL OTH OUTPINT	16	82		2,037.47		24.85	.346		127.34		8.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	49	1,129	\$	121,706.60	\$	107.80	4.764	\$	2483.81	\$	513.53
LEV A-INTERMEDIATE	0	, 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	49	1,129		121,706.60		107.80	4.764		2483.81		513.53
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	4	\$	1,276.48	\$	319.12	.017	\$	425.49	\$	5.39
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	4		1,276.48		319.12	.017		425.49		5.39
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	41	62	\$	2,205.52	\$	35.57	.262	\$	53.79	\$	9.31
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		91.45		91.45	.004		91.45		.39
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC				2,114.07							
#CALIF DEPT OF HEALTH SERV			RES :	MONTH-OF-PAYMENT R	EPORI	r for Jan 2	2004 THRU	DEC	2004		AGE 4,916
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MN - SC)C -	AGED	Al						
							M				
237 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	55	1,036	\$	-	\$				258.26	Ş	
DURABLE MED. EQUIP.	4	9		4,999.62		555.51			1249.91		21.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	3	4	1,901.28	3	475.32	.017	633.76	8.02
MEDICAL TRANSPORTATION	14	440	1,575.22	2	3.58	1.857	112.52	6.65
AMBULANCES/AIR TRANS	4	40	556.44	1	13.91	.169	139.11	2.35
OTHER TRANS	10	393	956.57	7	2.43	1.658	95.66	4.04
OTHER SERVICES	2	7	62.21	L	8.89	.030	31.11	.26
ACUPUNCTURE	0	0	.00)	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00)	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00)	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00)	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00)	.00	.000	.00	.00
OPTICIAN	7	16	176.69	9	11.04	.068	25.24	.75
PHYSICAL THERAPIST	0	0	.00)	.00	.000	.00	.00
PORTABLE X-RAY	2	3	6.45	5	2.15	.013	3.23	.03
PROSTHETIST/ORTHOTISTS	0	0	.00)	.00	.000	.00	.00
PROSTHETICS	0	0	.00)	.00	.000	.00	.00
ORTHOTICS	0	0	.00)	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00)	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	1,715.19	9	343.04	.021	571.73	7.24
HOSPICE SERVICES	1	35	2,846.70)	81.33	.148	2846.70	12.01
NONINST BIRTHING CENTERS	0	0	.00)	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00)	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00)	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00)	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00)	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	524	982.99	9	1.88	2.211	39.32	4.15
@CALIF. CHILDREN SERVICES*	0	0	\$.00) \$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	135	1,144	\$ 25,908.07	7 \$	22.65	4.827	\$ 191.91	\$ 109.32

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,917 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	Õ	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
	0	0								
PATHOLOGY	•	U	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00		.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	0	0	.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
	0		\$.00		.00		\$.00	\$	
@DENTIST						.000	Ş		Þ	.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
	0	0								
SPACE MAINTAINERS	•	U	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
	•	U								
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
	•	0								
ORTHODONTIC SERVICES	0	0	.00		.00	.000	DEC 2004	.00	PΑ	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0 ES AND EXPENDITURES	.00		.00	.000	DEC 2004	.00	PA	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE,	0 ES AND EXPENDITURE: DENTAL	.00 .00 S MONTH-OF-PAYMENT		.00 .00 T FOR JAN 2	.000 .000 2004 THRU	DEC 2004	.00	PA	.00 .00 AGE 4,918
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE,	0 ES AND EXPENDITURES	.00 .00 S MONTH-OF-PAYMENT		.00	.000 .000 2004 THRU		.00		.00 .00 AGE 4,918
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	0 ES AND EXPENDITURE: DENTAL ICES FOR MN - SOC	.00 .00 S MONTH-OF-PAYMENT - BLIND	REPOR	.00 .00 T FOR JAN 2	.000 .000 2004 THRU	ONTHLY <i>A</i>	.00 .00 !	.GE -	.00 .00 AGE 4,918 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE,	0 ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE	.00 .00 S MONTH-OF-PAYMENT	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST	.000 .000 2004 THRU 27 M	ONTHLY A	.00 .00 l AVERA PER	.GE -	.00 .00 AGE 4,918 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES	0 0 0 MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERVI	0 ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG	ONTHLY A S COST USE	.00 .00 l AVERA PER PER	GE - C E	.00 .00 AGE 4,918 03/14/05 COST PER
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST	0 0 0 0 MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	0 ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00	REPOR' AVI PEI	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000	ONTHLY A S COST USE	.00 .00 AVERA PER ER .00	.GE -	.00 .00 AGE 4,918 03/14/05 COST PER CLIGIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 0 0 0 MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERV. USERS 0 0 0	0 ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 0	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00	REPOR' AVI PEI	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000	ONTHLY A S COST USE	.00 .00 ! AVERA PER CR .00	GE - C E	.00 .00 AGE 4,918 03/14/05 COST PER CLIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 0 0 0 MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERV: USERS 0 0 0 0 0	O ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00	REPOR' AVI PEI	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000	ONTHLY A S COST USE	.00 .00 ! AVERA PER CR .00 .00	GE - C E	.00 .00 AGE 4,918 03/14/05 COST PER CLIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 0 0 0 0 MEDI-CAL SERVICE, SUMMARY OF SERV: USERS 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00	REPOR'S	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000	ONTHLY F S COST USE \$.00 .00 ! AVERA PER CR .00 .00	GE - C E \$.00 .00 AGE 4,918 03/14/05 COST PER CLIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00	REPOR'S	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000	ONTHLY A S COST USE	.00 .00 ! AVERA PER CR .00 .00	GE - C E \$.00 .00 AGE 4,918 03/14/05 COST PER CLIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 0 0 0 0 MEDI-CAL SERVICE, SUMMARY OF SERV: USERS 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00	REPOR! AVI PEI \$.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000	ONTHLY F S COST USE \$.00 .00 ! AVERA PER CR .00 .00	GE - C E \$.00 .00 AGE 4,918 03/14/05 COST PER CLIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 .00	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000	ONTHLY F S COST USE \$.00 .00 l AVERA PER CR .00 .00	GE - C E \$.00 .00 AGE 4,918 03/14/05 COST PER CLIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTHLY F S COST USE \$.00 .00 l AVERA PER .00 .00 .00	GE - C E \$.00 .00 .00 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 0 0 0 0 0 MEDI-CAL SERVICE, SUMMARY OF SERVICE, SUMMARY OF SERVICE, O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 \$.00	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTHLY F S COST USE \$.00 .00 l AVERA PER .00 .00 .00 .00	GE - C E \$.00 .00 .00 AGE 4,918 03/14/05 COST PER CLIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	0 0 0 0 0 0 0 MEDI-CAL SERVICE, SUMMARY OF SERVICE, SUMMARY OF SERVICE, O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONTHLY F S COST USE \$.00 .00 l AVERA PER CR .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	USERS O O O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS O O O O O O O O O O O O O O O O O O	O ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONTHLY F S COST USE \$.00 .00 l AVERA PER .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	USERS O O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS O O O O O O O O O O O O O O O O O O	O ES AND EXPENDITURES (DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY F S COST USE \$.00 .00 l AVERA PER .00 .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES (DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY A S COST USE \$.00 .00 l AVERA PER .00 .00 .00 .00 .00 .00	GE - E \$ \$.00 .00 .00 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES OF CARE OR DAYS OF CARE O CES O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY A S COST USE \$.00 .00 l AVERA PER .00 .00 .00 .00 .00 .00 .00	GE - CE F \$ \$.00 .00 .00 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES (DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY A S COST USE \$.00 .00 l AVERA PER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - CE F F F F F F F F F F F F F F F F F F	.00 .00 .00 .05 .05 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES ODENTAL ICES FOR MN - SOCURITS OF SERVICE OR DAYS OF CARE O SOCURITS OF SERVICE O SOCURITS OF SERVICE O SOCURITS O SOCIETA O SOCURITS O SOCIETA O SOCURITS O SOCURITS O SOCIETA O SOCIETA O SOCURITS O SOCIETA O SOCIETA O SOCIETA O SOCURITS O SOCIETA O	.00 .00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 .00 .00 .00 .	REPORTAL AVI	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY A S COST USE \$.00 .00 l AVERA PER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$ \$\$\$.00 .00 .00 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES ODENTAL ICES FOR MN - SOCURITS OF SERVICE OR DAYS OF CARE O SOCURITS OF CARE O SOCURITY O SOCURITY OF CARE O SOCIETY O SOCIET	.00 .00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 \$.00 .00 .00	REPORTAL AVI	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY A S COST USE \$.00 .00 l AVERA PER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$ \$\$\$.00 .00 .00 .05 .05 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES ODENTAL ICES FOR MN - SOCURITS OF SERVICE OR DAYS OF CARE O SOCURITS OF CARE O SOCURITY O SOCURITY OF CARE O SOCIETY O SOCIET	.00 .00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 .00 .00 .00 .	REPOR! AVI PEI \$.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU	ONTHLY A S COST USE \$.00 .00 l AVERA PER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$ \$\$\$.00 .00 .00 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES O CES AND EXPENDITURES O CES FOR MN - SOCURITS OF SERVICE OR DAYS OF CARE O CES	.00 .00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 .00 \$.00 \$.00 \$.00 .00 .00	REPOR! AVI PEI \$.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY A S COST USE \$ \$ \$.00 .00 l AVERA PER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$ \$\$.00 .00 .00 .00 .05 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES O CES AND EXPENDITURES O CES FOR MN - SOCURITS OF SERVICE OR DAYS OF CARE O CES	.00 .00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00	REPOR! AVI PEI \$.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY A S COST USE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 PER ER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$ \$\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES O CES AND EXPENDITURES O CES FOR MN - SOCURITS OF SERVICE OR DAYS OF CARE O CES	.00 .00 .00 S MONTH-OF-PAYMENT - BLIND EXPENDITURES \$.00 .00 \$.00 \$.00 \$.00 \$.00 .00 .	REPOR!	.00 .00 T FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHLY A S COST USE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 PER ER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$ \$\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-I	PAYMENT REPOR	T FOR JAN 2	004 THRU DEC	2004	PAGE	4,919
MOP024	FEE-FOR-SERVICE/DENTAL							03	/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	MN - SOC	- BLIND		AID CODE				
						MONTH	HLY AVERAG	SE	

					MON	INLI AVERAG	L
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2004	THRU	DEC 200	4	PAGE	4,920
MOP024	FEE-FOR-SERVICE/DENTAL									03	3/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	MN - S	OC - BLI	ND		AID CODE 27					

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,921 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

DOMESTICE OF DELIC	ATCHO LOUGHING D		DIGNOLLD MID (CODED OS OT OW	01		
					MO	NTHLY AVERA	GE
USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	Œ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
323	6 , 632	\$	456,779.19	\$ 68.88	33.837	\$ 1414.18	\$ 2330.51
146	1,055	\$	46,174.41	\$ 43.77	5.383	\$ 316.26	\$ 235.58
39	62		3,547.17	57.21	.316	90.95	18.10
17	26		979.80	37.68	.133	57.64	5.00
0	0		.00	.00	.000	.00	.00
21	32		2,509.45	78.42	.163	119.50	12.80
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
2	4		57.92	14.48	.020	28.96	.30
20	79		3 , 599.27	45.56	.403	179.96	18.36
18	73		3,387.12	46.40	.372	188.17	17.28
0	0		.00	.00	.000	.00	.00
4	6		212.15	35.36	.031	53.04	1.08
3	3		141.44	47.15	.015	47.15	.72
	USERS 323 146 39 17 0 21 0 22 20	USERS UNITS OF SERVICE OR DAYS OF CAR 323 6,632 146 1,055 39 62 17 26 0 0 21 32 0 0 0 2 4 20 79	USERS UNITS OF SERVICE OR DAYS OF CARE 323 6,632 \$ 146 1,055 \$ 39 62 17 26 0 0 21 32 0 0 0 2 4 20 79	USERS UNITS OF SERVICE OR DAYS OF CARE 323 6,632 \$ 456,779.19 146 1,055 \$ 46,174.41 39 62 3,547.17 17 26 979.80 0 0 .00 21 32 2,509.45 0 0 .00 21 32 5.99.45 0 0 0 .00 2 4 57.92 20 79 3,599.27 18 73 3,387.12 0 0 0 .00 4 6 212.15	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 323 6,632 \$ 456,779.19 \$ 68.88 146 1,055 \$ 46,174.41 \$ 43.77 39 62 3,547.17 57.21 17 26 979.80 37.68 0 0 0 .00 .00 21 32 2,509.45 78.42 0 0 0 .00 .00 0 0 0 .00 2 4 57.92 14.48 20 79 3,599.27 45.56 18 73 3,387.12 46.40 0 0 .00 4 6 212.15 35.36	USERS UNITS OF SERVICE OR DAYS OF CARE 323 6,632 \$ 456,779.19 \$ 68.88 33.837 146 1,055 \$ 46,174.41 \$ 43.77 5.383 39 62 3,547.17 57.21 .316 17 26 979.80 37.68 .133 0 0 0 .00 .00 .00 21 32 2,509.45 78.42 .163 0 0 0 .00 .00 .00 21 32 2,509.45 78.42 .163 0 0 0 .00 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE 323

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	3	3		141.44		47.15	.015		47.15		.72
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	10	24		5,998.81		249.95	.122		599.88		30.61
PRINCIPAL SURGEON	8	14		5,672.61		405.19	.071		709.08		28.94
ASSISTANT SURGEON	1	1		162.14		162.14	.005		162.14		.83
ANESTHESIOLOGIST	1	9		164.06		18.23	.046		164.06		.84
OUTPATIENT SURGERY	16	60		6,104.99		101.75	.306		381.56		31.15
PRINCIPAL SURGEON	12	16		5,436.91		339.81	.082		453.08		27.74
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	44		668.08		15.18	.224		133.62		3.41
DIALYSIS	5	50		2,529.10		50.58	.255		505.82		12.90
PATHOLOGY	8	30		747.18		24.91	.153		93.40		3.81
RADIOLOGY	37	70		2,109.28		30.13	.357		57.01		10.76
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	431		17,368.25		40.30	2.199		2894.71		88.61
OTHER SERVICES/ALL X-OVERS		246		4,028.92		16.38	1.255		48.54		20.56
@PHARMACY	154	3,149	\$	102,151.19	Ś		16.066	Ś		Ś	521.18
PRESCRIPTION DRUGS	141	789		99,227.34		125.76	4.026		703.74		506.26
SNF/ICF	5	24		868.79		36.20	.122		173.76		4.43
OUTPATIENTS		765		98,358.55		128.57	3.903		723.22		501.83
MEDICAL SUPPLIES		2,360		2,923.85		1.24	12.041		88.60		14.92
@DENTIST	7	41	Ś	911.20	\$.209	Ś		Ś	4.65
VISITS - DIAGNOSTIC	3	32		200.20		6.26	.163		66.73		1.02
ORAL SURGERY	1	1		45.00		45.00	.005		45.00		.23
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		55.00		27.50	.010		27.50		.28
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	5		611.00		122.20	.026		203.67		3.12
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	ĺ	1		.00		.00	.005		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES		EPOR'			DEC		P	AGE 4,922
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	- · · · · · · · · · · · · · · · · · · ·										, = . ,
	SUMMARY OF SERVICES FO)R MN - S	OC -	DISABLED AID (CODES	s 65 67 61	√ 6Y				

						M	L'NO	THLY AVERA	GE	
196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	9	\$ 175.21	\$	19.47	.046	\$	58.40	\$.89
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.005		47.45		.24
EYE APPLIANCES	3	8	127.76		15.97	.041		42.59		.65
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	10	53	\$ 3,858.11	\$	72.79	.270	\$	385.81	\$	19.68
NURSE ANESTHESIST	1	42	\$ 521.47	\$	12.42	.214	\$	521.47	\$	2.66

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	84	594	\$	227,050.04	\$	382.24	3.031		\$	1158.42
HOSP INPATIENT TOTAL	26	164		217,142.39		1324.04	.837	8351.63		1107.87
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	19	164		211,491.73		1289.58	.837	11131.14		1079.04
ACCOMMODATIONS	19	164		77,809.96		474.45	.837	4095.26		396.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	19	164		77,809.96		474.45	.837	4095.26		396.99
ANCILLARIES	19	0		133,681.77		.00	.000	7035.88		682.05
INPATIENT CROSSOVERS	7	0		5,650.66		.00	.000	807.24		28.83
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	60	430		9,907.65		23.04	2.194	165.13		50.55
MEDICAL	15	23		613.69		26.68	.117	40.91		3.13
SURGERY	6	9		495.66		55.07	.046	82.61		2.53
	26	196		2,042.52		10.42	1.000	78.56		10.42
PATHOLOGY				-						
RADIOLOGY	23 20	38		3,490.68		91.86	.194	151.77		17.81
ROOM USE		41		1,553.77		37.90	.209	77.69		7.93
CROSSOVERS/ALL OTH OUTPTNT	32	123	_	1,711.33	_	13.91	.628	53.48	_	8.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	•	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		-	י סתמו	.00 MONTH-OF-PAYMENT F					_	
			JKES I	MONIH-OF-PAIMENI F	KEPUF	CI FOR JAN	2004 IRU	DEC 2004	r	PAGE 4,923 03/14/05
MOP024	FEE-FOR-SERVICE/		700		CODE	10 CF C7 CW	CV			03/14/05
KINGS COUNTY	SUMMARY OF SERVI	CES FOR MN - S	30C -	DISABLED AID	CODE	15 65 67 6W			~=	
106			~=					ONTHLY AVERA	_	
196 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES				S COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	84	594	\$	227,050.04	\$	382.24		\$ 2702.98	\$	
COMM HOSP INPATIENT TOTAL	26	164		217,142.39		1324.04	.837	8351.63		1107.87
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	19	164		211,491.73		1289.58	.837	11131.14		1079.04
ACCOMMODATIONS	19	164		77,809.96		474.45	.837	4095.26		396.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	19	164		77,809.96		474.45	.837	4095.26		396.99
ANCILLARIES	19	0		133,681.77		.00	.000	7035.88		682.05
INPATIENT CROSSOVERS	7	0		5,650.66		.00	.000	807.24		28.83
ALL OTHER INPATIENT	Ó	0		.00		.00	.000	.00		.00
	· ·	V		:00		• • • •	.000	• • • •		• • • •

COMM HOSP OUTPATIENT TOTAL	60	430		9,907.65		23.04	2.194		165.13		50.55
MEDICAL	15	23		613.69		26.68	.117		40.91		3.13
SURGERY	6	9		495.66		55.07	.046		82.61		2.53
PATHOLOGY	26	196		2,042.52		10.42	1.000		78.56		10.42
RADIOLOGY	23	38		3,490.68		91.86	.194		151.77		17.81
ROOM USE	20	41		1,553.77		37.90	.209		77.69		7.93
CROSSOVERS/ALL OTH OUTPINT	32	123		1,711.33		13.91	.628		53.48		8.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	105	\$	14,150.60	\$	134.77	.536	\$	2358.43	\$	72.20
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		567.60		.00	.000		.00		2.90
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	105		13,583.00		129.36	.536		2263.83		69.30
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	22	274	\$	15,076.05	\$	55.02	1.398	\$	685.28	\$	76.92
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	22	274		15,076.05		55.02	1.398		685.28		76.92
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	51	\$	778.21	\$	15.26	.260	\$	86.47	\$	3.97
PATHOLOGY	9	51		778.21	·	15.26	.260	·	86.47		3.97
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	72	199	\$	29,625.54	\$	148.87	1.015	\$	411.47	\$	151.15
CLINIC	0	0		.00	·	.00	.000	·	.00		.00
SURGICENTER	2	10		1,088.16		108.82	.051		544.08		5.55
HEROIN DETOX CLINIC	1	23		213.69		9.29	.117		213.69		1.09
RURAL HEALTH CLINIC	69	166		28,323.69		170.62	.847		410.49		144.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES M		EPORT			DEC		P.	AGE 4,924
MOP024	FEE-FOR-SERVICE/DENTA										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES F		soc -	DISABLED AID (CODES	S 65 67 61	W 6Y				, = -, 30
			-					ONT	HLY AVERA	GE ·	

					MOI	NTHLY AVERA	GE
196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	41	1,060	\$ 16,307.16	\$ 15.38	5.408	\$ 397.74	\$ 83.20
DURABLE MED. EQUIP.	13	30	9,583.09	319.44	.153	737.16	48.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	994	6,242.96	6.28	5.071	328.58	31.85
AMBULANCES/AIR TRANS	10	136	1,970.37	14.49	.694	197.04	10.05
OTHER TRANS	9	847	4,254.92	5.02	4.321	472.77	21.71
OTHER SERVICES	2	11	17.67	1.61	.056	8.84	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	59.36	9.89	.031	19.79	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0			.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3			225.28	75.09	.015	225.28	1.15
PROSTHETICS	1	3			225.28	75.09	.015	225.28	1.15
ORTHOTICS	0	0			.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1			66.05	66.05	.005	66.05	.34
HOSPICE SERVICES	0	0			.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	4			51.64	12.91	.020	51.64	.26
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	22			78.78	3.58	.112	11.25	.40
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	74	501	\$		23,393.26	\$ 46.69	2.556	\$ 316.13	\$ 119.35
O.H. MOMBER THE MILES THE COLUMN	·	TATEODA/A ET OAT	T	O 3 7 7 7 7					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,925 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	ITHLY AVERAG	E
447 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	600	3,864	\$	317,083.66	\$ 82.06	8.644	528.47	\$ 709.36
@PHYSICIANS SERVICES	270	996	\$	34,878.75	\$ 35.02	2.228	129.18	\$ 78.03
OUTPATIENT VISITS	116	138		8,878.68	64.34	.309	76.54	19.86
OFFICE VISITS	26	32		1,299.39	40.61	.072	49.98	2.91
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	88	101		7,393.13	73.20	.226	84.01	16.54
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3		125.92	41.97	.007	62.96	.28

OBUIED OUBDABLENIE	2	^			60.24		30.12	.004		30.12		.13
OTHER OUTPATIENT	2	2 37										
INPATIENT VISITS	23	I 1			2,039.65		55.13			88.68		4.56
HOSPITAL VISITS	20	33			1,452.51		44.02			72.63		3.25
CRITICAL CARE	3	4			587.14		146.79	.009		195.71		1.31
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1			38.43		38.43	.002		38.43		.09
EXAMINATIONS	1	1			38.43		38.43	.002		38.43		.09
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY	20 3 0 1 1 0 17	105			5,615.09		53.48	.235		330.30		12.56
PRINCIPAL SURGEON	8	10			3 , /96.33		379.63	.022		474.54		8.49
INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	3	10 3 92			542.18		180.73 13.88	.007		180.73		1.21
ANESTHESIOLOGIST	7	92			1,276.58		13.88	.206		182.37		2.86
OUTPATIENT SURGERY	21	190			3,620.54		19.06	.425		172.41		8.10
PRINCIPAL SURGEON	14	16			2,432.68		152.04	.036		173.76		5.44
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	8	174			1,187.86		6.83	.389		148.48		2.66
DIALYSIS	3	3			675.12		225.04 53.42	.007		225.04 51.10 75.17		1.51
PATHOLOGY	23	22			1,175.19		53.42	.049		51.10		2.63
RADIOLOGY	99	218			7,441.97		34.14	.488		75.17		16.65
PSYCHIATRY	0	0			.00		.00	.000		0.0		.00
IMMUNIZATION AND INJECTION	4	153			2,855.54		18.66	.342		713.89		6.39
OTHER SERVICES/ALL X-OVERS		129			2,538.54		19.68	289		34.30		5.68
OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	124	470	Ś		24,373.53	Ś		1.051			Ś	
PRESCRIPTION DRUGS	119	289	Τ.		22,553.96	Τ	78.04	.647	т	189.53	т	50.46
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTDATTENTS	119	289						.647		189.53		50.46
MEDICAL SUPPLIES	8	181			22,553.96 1,819.57		10.05	.405		227.45		4.07
@DENTIST	27	222	\$		4,628.50	Ċ	20.05	.497	Ċ		Ċ	10.35
VICITO - DIACMOSTIC	21	151	Y		1,033.00	Y	6.84		٧	43.04	Y	2.31
ODAI CUDCEDY	2	22			984.00		44.73	.049		328.00		2.20
DDIICC	1	1			.00		.00			.00		.00
ANECHIECTA	1	1			100.00		100.00	.002		100.00		.22
ANESITESIA	<u> </u>	1			100.00		100.00	.002		100.00		.24
PERIODONII CS	<u> </u>	2			475.00		237.50			475.00		1.06
ENDODONIICS	Τ Ε	36			1,529.00		42.47	.081		305.80		3.42
RESTORATIVE DENTISTRY	5	0					.00	.000				.00
PROSTRETICS	0	0			.00 337.50		337.50			.00 337.50		
DENTURES, STAYPLATES	1	Ι			337.50			.002				.76
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0					.00	.000		.00		.00
	1	1_			35.00		35.00	.002		35.00		.08
ALL OTHER SERVICES	3	6			26.00		4.33	.013		8.67		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES	MONTH	-OF-PAYMENT RE	EPOR:	r for Jan	2004 THRU	DEC	2004	P7	AGE 4,926
MOP024	FEE-FOR-SERVICE/DENTAL			_								03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

----- MONTHLY AVERAGE -----447 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 13 41 \$ 1,119.50 27.30 .092 \$ 86.12 \$ 2.50 10 12 427.94 35.66 .027 42.79 .96 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 11 29 691.56 23.85 .065 62.87 1.55 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 0 .00 \$.00 .00 \$.00 @CHIROPRACTOR .000 \$.00 VISITS 0 0 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	20 \$		1,429.10	\$	71.46		\$	357.28	\$	3.20
NURSE ANESTHESIST	1	10 \$		129.04	\$	12.90	.022	\$	129.04	\$.29
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	209	1,270 \$		196,587.59	\$	154.79		\$	940.61		439.79
HOSP INPATIENT TOTAL	33	118		169,037.34	Y	1432.52	.264	Y	5122.34	Y	378.16
HSC HOSPITALS	12	39		58,794.00		1507.54	.087		4899.50		131.53
	20	79				1384.40	.177		5468.37		244.67
NON-HSC HOSPITAL TOTAL				109,367.34							
ACCOMMODATIONS	20	79		26,025.04		329.43	.177		1301.25		58.22
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	20	79		26,025.04		329.43	.177		1301.25		58.22
ANCILLARIES	20	0		83,342.30		.00	.000		4167.12		186.45
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		1.96
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	191	1,152		27,550.25		23.92	2.577		144.24		61.63
MEDICAL	73	95		2 , 750.61		28.95	.213		37.68		6.15
SURGERY	17	21		1,087.96		51.81	.047		64.00		2.43
PATHOLOGY	101	534		5,945.47		11.13	1.195		58.87		13.30
RADIOLOGY	85	124		10,082.96		81.31	.277		118.62		22.56
ROOM USE	113	148		5,042.87		34.07	.331		44.63		11.28
CROSSOVERS/ALL OTH OUTPINT	89	230		2,640.38		11.48	.515		29.67		5.91
@COUNTY HOSPITAL TOTAL	3	10 \$		4,411.15	\$	441.12	.022	\$	1470.38	\$	9.87
CO HOSPITAL INPATIENT TOTAL	1	3		4,050.00		1350.00	.007		4050.00		9.06
HSC HOSPITALS	1	3		4,050.00		1350.00	.007		4050.00		9.06
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	7		361.15		51.59	.016		120.38		.81
MEDICAL		1		125.01		125.01	.002		125.01		.28
SURGERY	0	0					.002				.00
	1	2		.00		.00			.00		
PATHOLOGY	1	2		22.75		11.38	.004		22.75		.05
RADIOLOGY	1	1		127.21		127.21	.002		127.21		.28
ROOM USE	-	2		75.12		37.56	.004		75.12		.17
CROSSOVERS/ALL OTH OUTPTNT	1	1		11.06		11.06	.002		11.06		.02
		ES AND EXPENDITURES	MON'I'H-0	OF-PAYMENT RE	EPOR	T FOR JAN	2004 THRU 1	DEC	2004	PA	AGE 4,927
MOP024	FEE-FOR-SERVICE				_						03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC -	- FAMIL	IES AID CODE	5R	6R 37					
							MO				
447 ELIGIBLES	USERS	UNITS OF SERVICE	E	XPENDITURES			UNITS/DAY:	3			COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	207	1,260 \$		192,176.44	\$	152.52		\$	928.39	\$	429.92
COMM HOSP INPATIENT TOTAL	32	115		164,987.34		1434.67	.257		5155.85		369.10
HSC HOSPITALS	11	36		54,744.00		1520.67	.081		4976.73		122.47
NON-HSC HOSPITALS TOTAL	20	79		109,367.34		1384.40	.177		5468.37		244.67
ACCOMMODATIONS	20	79		26,025.04		329.43	.177		1301.25		58.22

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	20	79		26,025.04		329.43	.177		1301.25		58.22
ANCILLARIES	20	0		83,342.30		.00	.000		4167.12		186.45
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		1.96
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL		1,145		27,189.10		23.75	2.562		143.86		60.83
MEDICAL	73	94		2,625.60		27.93	.210		35.97		5.87
SURGERY	17	21		1,087.96		51.81	.047		64.00		2.43
PATHOLOGY	100	532		5 , 922.72		11.13	1.190		59.23		13.25
RADIOLOGY	84	123		9,955.75		80.94	.275		118.52		22.27
ROOM USE	112	146		4,967.75		34.03	.327		44.35		11.11
CROSSOVERS/ALL OTH OUTPINT	88	229		2,629.32		11.48	.512		29.88		5.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	5CR	\$	536.00CF	₹ \$	107.20	.011C	R\$.00	\$	1.20CR
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	5CR		536.00CF	3	107.20	.011C	R	.00		1.20CR
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	5	\$	2,933.43	\$	586.69	.011	\$	733.36	\$	6.56
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	5		2,933.43		586.69	.011		733.36		6.56
@REHABILITATION FACILITY	1	3	\$	112.50	\$	37.50	.007	\$	112.50	\$.25
HOSPITAL BASED	1	3		112.50		37.50	.007		112.50		.25
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	28	95	\$	1,513.44	\$	15.93	.213	\$	54.05	\$	3.39
PATHOLOGY	27	92		1,490.43		16.20	.206		55.20		3.33
XO AND OTHERS	1	3		23.01		7.67	.007		23.01		.05
@ORGANIZED OUTPATIENT CLINIC	148	254	\$	44,911.62	\$	176.82	.568	\$	303.46	\$	100.47
CLINIC	2	6		76.92		12.82	.013		38.46		.17
SURGICENTER	2	8		479.04		59.88	.018		239.52		1.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	145	240		44,355.66		184.82	.537		305.90		99.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 4,928
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
KINGS COUNTY	SUMMARY OF SERVICES F	OR MN - SC	C - FAM	ILIES AID CODE	5R 6	R 37					
							M	ONT	HLY AVERA	GE	
							,				

447 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 48 483 5,002.66 10.36 1.081 \$ 104.22 \$ 11.19 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 34 MEDICAL TRANSPORTATION 453 4,555.23 10.06 1.013 133.98 10.19 34 453 4,555.23 10.06 1.013 133.98 10.19 AMBULANCES/AIR TRANS OTHER TRANS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 0 ACUPUNCTURE .00 .00 .000 .00 .00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.002	105.00	.23
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	201.79	12.61	.036	25.22	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	13	140.64	10.82	.029	28.13	.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	15	\$ 1,339.53	\$ 89.30	.034	\$ 267.91	\$ 3.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,929 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

MONTHLY AVERAGE							
880 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
				PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,241	14,648 \$	1,029,393.87	\$ 70.28	16.645	\$ 829.49	\$ 1169.77
@PHYSICIANS SERVICES	487	2,219 \$	83,356.57	\$ 37.56	2.522	\$ 171.16	\$ 94.72
OUTPATIENT VISITS	155	200	12,425.85	62.13	.227	80.17	14.12
OFFICE VISITS	43	58	2,279.19	39.30	.066	53.00	2.59
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	109	133	9,902.58	74.46	.151	90.85	11.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	125.92	41.97	.003	62.96	.14
OTHER OUTPATIENT	4	6	118.16	19.69	.007	29.54	.13
INPATIENT VISITS	43	116	5 , 638.92	48.61	.132	131.14	6.41
HOSPITAL VISITS	38	106	4,839.63	45.66	.120	127.36	5.50
CRITICAL CARE	3	4	587.14	146.79	.005	195.71	.67
SNF/ICF/TRANS IP CARE	4	6	212.15	35.36	.007	53.04	.24
OPHTHALMOLOGICAL SERVICES	4	4	179.87	44.97	.005	44.97	.20
EXAMINATIONS	4	4	179.87	44.97	.005	44.97	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	129	11,613.90	90.03	.147	430.14	13.20
PRINCIPAL SURGEON	16	24	9,468.94	394.54	.027	591.81	10.76
ASSISTANT SURGEON	4	4	704.32	176.08	.005	176.08	.80
ANESTHESIOLOGIST	8	101	1,440.64	14.26	.115	180.08	1.64
OUTPATIENT SURGERY	37	250	9,725.53	38.90	.284	262.85	11.05
PRINCIPAL SURGEON	26	32	7 , 869.59	245.92	.036	302.68	8.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	218	1,855.94	8.51	.248	142.76	2.11
DIALYSIS	8	53	3,204.22	60.46	.060	400.53	3.64
PATHOLOGY	31	52	1,922.37	36.97	.059	62.01	2.18

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	136	288	9,551.25	33.16	.327	70.23	10.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	584	20,223.79	34.63	.664	2022.38	22.98
OTHER SERVICES/ALL X-OVERS	228	543	8,870.87	16.34	.617	38.91	10.08
@PHARMACY	461	5,133 \$	227,088.70		5.833 \$		
PRESCRIPTION DRUGS	431	2,031	218,027.74	107.35	2.308	505.86	247.76
SNF/ICF	48	346	23,537.07	68.03	.393	490.36	26.75
OUTPATIENTS	384	1,685	194,490.67	115.42	1.915	506.49	221.01
MEDICAL SUPPLIES	67	3,102	9,060.96	2.92	3.525	135.24	10.30
@DENTIST	50	386 \$	11,357.70		.439 \$		\$ 12.91
VISITS - DIAGNOSTIC	36	241	1,584.20	6.57	.274	44.01	1.80
ORAL SURGERY	8	46	1,977.00	42.98	.052	247.13	2.25
DRUGS	1	1	.00	.00	.001	.00	.00
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.23
PERIODONTICS	6	6	337.00	56.17	.007	56.17	.38
ENDODONTICS	2	3	805.00	268.33	.003	402.50	.91
RESTORATIVE DENTISTRY	10	47	2,527.00	53.77	.053	252.70	2.87
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	33	3,866.50	117.17	.038	644.42	4.39
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.001	35.00	.04
ALL OTHER SERVICES	3	6	26.00	4.33	.007	8.67	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 4,930
MOP024	FEE-FOR-SERVICE/DE	ENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICE	ES FOR MN - SOC - T	OTAL				
					MON	THLY AVERA	GE
880 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	24	77 \$	1,957.57	\$ 25.42	.088 \$	81.57	\$ 2.22
DIAGNOSTIC AND ANC. PROCED	17	19	755.84	39.78	.022	44.46	.86

EYE APPLIANCES	21	56			9.13		20.52	.064		54.72		1.31
OTHER OPTOMETRIC SERVICES	1	2		5	2.60		26.30	.002		52.60		.06
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$		3.26	\$	3.26	.001	\$	3.26	\$.00
MEDICINE/INJECTIONS	0	0			.00		.00	.000		.00		.00
SURGERY/ANES.	0	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	Ō			.00		.00	.000		.00		.00
OTHER	1	1			3.26		3.26	.001		3.26		.00
@HOME HEALTH AGENCY	14	73	\$		7.21	\$	72.43	.083	Ġ	377.66	Ċ	6.01
NURSE ANESTHESIST	2	52	\$	•	0.51		12.51	.059	\$	325.26	\$.74
	0	0	۶ \$	0.0		\$						
NURSE MIDWIFE	· · · · · · · · · · · · · · · · · · ·	-			.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL		1,952	\$	430,42		\$		2.218	Ş	1340.89	Ş	489.12
HOSP INPATIENT TOTAL	67	282		390 , 85			1386.02	.320		5833.71		444.16
HSC HOSPITALS	12	39		58 , 79	4.00		1507.54	.044		4899.50		66.81
NON-HSC HOSPITAL TOTAL	39	243		320,85	9.07		1320.41	.276		8227.16		364.61
ACCOMMODATIONS	39	243		103,83	5.00		427.30	.276		2662.44		117.99
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	39	243		103,83			427.30	.276		2662.44		117.99
ANCILLARIES	39	0		217,02			.00	.000		5564.72		246.62
INPATIENT CROSSOVERS	16	0		11,20			.00	.000		700.34		12.73
ALL OTHER INPATIENT	0	0		11,20			.00	.000		.00		.00
HOSP OUTPATIENT TOTAL		-		20 F.C	.00							
	271	1,670		39,56			23.69	1.898		146.00		44.96
MEDICAL	89	119		3,38			28.40	.135		37.98		3.84
SURGERY	23	30		•	3.62		52.79	.034		68.85		1.80
PATHOLOGY	128	731		7,99			10.93	.831		62.43		9.08
RADIOLOGY	108	162		13,57			83.79	.184		125.68		15.42
ROOM USE	134	190		6,63	2.49		34.91	.216		49.50		7.54
CROSSOVERS/ALL OTH OUTPINT	138	438		6,40	5.28		14.62	.498		46.42		7.28
@COUNTY HOSPITAL TOTAL	4	13	\$	4,42	7.25	\$	340.56	.015	\$	1106.81	\$	5.03
CO HOSPITAL INPATIENT TOTAL	1	3		4,05	0.00		1350.00	.003		4050.00		4.60
HSC HOSPITALS	1	3			0.00		1350.00	.003		4050.00		4.60
NON-HSC HOSPITALS TOTAL	0	0		,	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0										
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U	-			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ü	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	10			7.25		37.73	.011		94.31		.43
MEDICAL	1	1		12	5.01		125.01	.001		125.01		.14
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	1	2		2	2.75		11.38	.002		22.75		.03
RADIOLOGY	1	1		12	7.21		127.21	.001		127.21		.14
ROOM USE	1	2		7	5.12		37.56	.002		75.12		.09
CROSSOVERS/ALL OTH OUTPINT	2	4			7.16		6.79			13.58		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		URES			EPOR					PΑ	GE 4,931
MOP024	FEE-FOR-SERVICE/DENTA									-		03/14/05
KINGS COUNTY	SUMMARY OF SERVICES F		SOC -	- TOTAL								30, 11, 00
111100 0001111	COLUMNIC OF OPHICATORD E	O1/ 111/	200	- 0 - 1 - 1 - 1					л⊖мт	מדע אוודסא	CF _	

		OR DAYS OF CAR	7		חשם	R UNIT/DAY	DED ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	318	1,939	Ś	425,997.15	\$	219.70	_		1339.61		484.09
COMM HOSP INPATIENT TOTAL	66	279	Y	386,808.53		1386.41	.317	Y	5860.74	Y	439.56
HSC HOSPITALS	11	36		54,744.00		1520.67	.041		4976.73		62.21
		243		· · · · · · · · · · · · · · · · · · ·							
NON-HSC HOSPITALS TOTAL	39 39			320,859.07		1320.41 427.30	.276		8227.16		364.61
ACCOMMODATIONS		243		103,835.00		427.30	.276		2662.44		117.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	39	243		103,835.00		427.30	.276		2662.44		117.99
ANCILLARIES	39	0		217,024.07		.00	.000		5564.72		246.62
INPATIENT CROSSOVERS	16	0		11,205.46		.00	.000		700.34		12.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	268	1,660		39,188.62		23.61	1.886		146.23		44.53
MEDICAL	89	118		3,255.18		27.59	.134		36.58		3.70
SURGERY	23	30		1,583.62		52.79	.034		68.85		1.80
PATHOLOGY	127	729		7,967.90		10.93	.828		62.74		9.05
RADIOLOGY	107	161		13,446.43		83.52	.183		125.67		15.28
ROOM USE	133	188		6 , 557.37		34.88	.214		49.30		7.45
CROSSOVERS/ALL OTH OUTPINT	136	434		6 , 378.12		14.70	.493		46.90		7.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	55	1,229	\$	135,321.20	\$	110.11	1.397	\$	2460.39	\$	153.77
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		567.60		.00	.000		.00		.65
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	55	1,229		134,753.60		109.64	1.397		2450.07		153.13
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	29	283	\$	19,285.96	\$	68.15	.322	\$	665.03	\$	21.92
HOSPITAL BASED	0	0		.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	29	283		19,285.96		68.15	.322		665.03		21.92
@REHABILITATION FACILITY	1	3	\$	112.50	\$	37.50	.003	Ś		Ś	.13
HOSPITAL BASED	1	3		112.50		37.50	.003		112.50		.13
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	37	146	\$	2,291.65	\$	15.70	.166	Ś	61.94	Ś	2.60
PATHOLOGY	36	143	7	2,268.64	-	15.86	.163	7	63.02	- T	2.58
XO AND OTHERS	1	3		23.01		7.67	.003		23.01		.03
@ORGANIZED OUTPATIENT CLINIC	261	515	\$	76,742.68	\$	149.01	.585	Ś	294.03	Ś	87.21
CLINIC	2	6	т	76.92	т	12.82	.007	т	38.46	т	.09
SURGICENTER	5	19		1,658.65		87.30	.022		331.73		1.88
HEROIN DETOX CLINIC	1	23		213.69		9.29	.026		213.69		.24
RURAL HEALTH CLINIC		467		74,793.42							
				MONTH-OF-PAYMENT R							
	FEE-FOR-SERVICE		(L)	MONIII OF FAIMENI K	LLE OIV.	I FOR UAN 2	LOO4 IIIIO	טייר	2004		03/14/05
		/ICES FOR MN - SO	nc -	TOTA I							03/14/03
MINGO COUNTI	COLIMANT OF SERV	TOUR TON THE	, .	10171			M	∩N1m.	HIV VILDA	CF	
880 ELIGIBLES	USERS	IINTTO OF SEDVITOR	7	EXPENDITURES	7. 7.7.7.	TRACE COST					
000 FILGIDIES	CALCO			PVERMATIONPO		R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	144	OR DAYS OF CARE 2,579		35,513.96	c c	12 77	2 U21		246.62		
	17		Ą	14,582.71	Ą	13.//	∠.93I			ې	
DURABLE MED. EQUIP.	1 /	39 0					.044				16.57
BLOOD BANK	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	3	4		1,901.28	475.32	.005	633.76	2.16
MEDICAL TRANSPORTATION	67	1,887		12,373.41	6.56	2.144	184.68	14.06
AMBULANCES/AIR TRANS	48	629		7,082.04	11.26	.715	147.54	8.05
OTHER TRANS	19	1,240		5,211.49	4.20	1.409	274.29	5.92
OTHER SERVICES	4	18		79.88	4.44	.020	19.97	.09
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	18	38		437.84	11.52	.043	24.32	.50
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3		6.45	2.15	.003	3.23	.01
PROSTHETIST/ORTHOTISTS	1	3		225.28	75.09	.003	225.28	.26
PROSTHETICS	1	3		225.28	75.09	.003	225.28	.26
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6		1,781.24	296.87	.007	445.31	2.02
HOSPICE SERVICES	1	35		2,846.70	81.33	.040	2846.70	3.23
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	17		192.28	11.31	.019	32.05	.22
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	546		1,061.77	1.94	.620	33.18	1.21
@CALIF. CHILDREN SERVICES*	0	0	\$.00	.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	214	1,660	\$	50,640.86	\$ 30.51	1.886	\$ 236.64	\$ 57.55
A* TOTALS IN THESE ITMES ADE CIT	TENT AC A CEDADATE	TNEODMATTON	TTEM ONTV.					

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDEE DITTI TAKE INCEEDED I	IN THE MITROTRIME BEINE BINED MOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,933
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

KINGS COUNTI	DOMESTIC OF DELIVE	TCES FOR THE	110 11	IN CAIN AGED	AID CODE	10			
						MOI	ITHLY AVERA	GE	
2,376 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CARE	}		PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@TOTAL, ALL PROVIDERS	2,511	95 , 786	\$	7,597,165.83	\$ 79.31	40.314	3025.55	\$ 3	3197.46
@PHYSICIANS SERVICES	338	665	\$	12,412.09	\$ 18.66	.280	36.72	\$	5.22
OUTPATIENT VISITS	2	3		149.96	49.99	.001	74.98		.06
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		108.08	108.08	.000	108.08		.05
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	2		41.88	20.94	.001	41.88		.02
INPATIENT VISITS	24	4 4		1,285.65	29.22	.019	53.57		.54
HOSPITAL VISITS	2	7		231.30	33.04	.003	115.65		.10
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	23	37		1,054.35	28.50	.016	45.84		.44
OPHTHALMOLOGICAL SERVICES	1	1		8.01	8.01	.000	8.01		.00
EXAMINATIONS	1	1		8.01	8.01	.000	8.01		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	1CR							.00		
PATHOLOGY	•			28.00CR		28.00	.000				.01CR
RADIOLOGY	1	1		33.05		33.05	.000		33.05		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	314	617		10,963.42		17.77	.260		34.92		4.61
@PHARMACY	2,061	20,166	\$	914,473.16	\$	45.35	8.487	\$	443.70	\$	384.88
PRESCRIPTION DRUGS	2,055	15,006		910,223.53		60.66	6.316		442.93		383.09
SNF/ICF	1,953	14,318		890,135.07		62.17	6.026		455.78		374.64
OUTPATIENTS	126	688		20,088.46		29.20	.290		159.43		8.45
MEDICAL SUPPLIES	47	5,160		4,249.63		.82	2.172		90.42		1.79
	198	704	\$	19,700.82	ċ	27.98	.296	ċ	99.50	ċ	8.29
@DENTIST			Ą	•	\$			Ą		Ą	
VISITS - DIAGNOSTIC	189	586		9,381.75		16.01	.247		49.64		3.95
ORAL SURGERY	8	27		1,369.00		50.70	.011		171.13		.58
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.000		118.00		.05
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		170.00		85.00	.001		170.00		.07
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	49	83		8,564.00		103.18	.035		174.78		3.60
DENTURES, STAYPLATES				•							
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		98.07		98.07	.000		98.07		.04
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
•	•	· ·									
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
•	0 3	0 4							.00		.00
ORTHODONTIC SERVICES	3	-	ES M	.00	PORT	.00	.000	DEC	.00	P.	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	3	CES AND EXPENDITUR	ES M	.00	PORT	.00	.000	DEC	.00	P.	
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	3 MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURI E/DENTAL		.00 .00 IONTH-OF-PAYMENT RE	PORT	.00 .00 FOR JAN 2	.000 .002 2004 THRU	DEC	.00	P.	.00 AGE 4,934
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	3 MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUR		.00 .00 IONTH-OF-PAYMENT RE	PORT	.00	.000 .002 2004 THRU		2004		.00 AGE 4,934
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY	3 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERV	CES AND EXPENDITURNED FOR THE LOT IN THE LOT	NG T	.00 .00 IONTH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .002 2004 THRU	IONT	.00 2004 HLY AVERA	.GE	.00 AGE 4,934 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	3 MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURIE/DENTAL VICES FOR MN - LOI UNITS OF SERVICE	NG T	.00 .00 IONTH-OF-PAYMENT RE	AVE	.00 .00 FOR JAN 2 AID CODE RAGE COST	.000 .002 2004 THRU 13 M	IONT:	.00 2004 HLY AVERA COST PER	.GE	.00 AGE 4,934 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE	NG T	.00 .00 IONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG	IONT:	.00 2004 HLY AVERA COST PER USER	.GE	.00 AGE 4,934 03/14/05 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 84	NG T	.00 .00 MONTH-OF-PAYMENT RE VERM CARE - AGED EXPENDITURES 1,380.26	AVE	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43	.000 .002 .004 THRU 13 M UNITS/DAY PER ELIG .035	IONT:	.00 2004 HLY AVERA COST PER USER 46.01	.GE	.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERV USERS 30 0	CES AND EXPENDITURED TO THE PROPERTY OF LOW LANGE OF LANGE OR DAYS OF CARE 84	NG T	.00 .00 MONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES 1,380.26 .00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00	.000 .002 .004 THRU 13 M UNITS/DAY PER ELIG .035 .000	IONT:	.00 2004 HLY AVERA COST PER USER 46.01 .00	.GE	.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 30 0 25	CES AND EXPENDITURED TO THE PROPERTY OF LOW LANGE OF LANG	NG T	.00 .00 MONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032	IONT:	.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29	.GE	.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	3 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERV USERS 30 0 25 5	CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOW UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9	NG T	.00 .00 MONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004	IONT: ; ; \$.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61	GE \$.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	3 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 30 0 25 5	CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0	NG T	.00 .00 MONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004	IONT: ; ; \$.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61	GE \$.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	3 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERV USERS 30 0 25 5 0	CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOW UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9	NG T	.00 .00 MONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004	IONT: ; ; \$.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00	GE \$.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	3 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 30 0 25 5	CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0	NG T	.00 .00 MONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004	IONT: ; ; \$.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61	GE \$.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	3 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERV USERS 30 0 25 5 0	CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOW UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0	NG T	.00 .00 IONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00 .00	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000	IONT: ; ; \$.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00	GE \$.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 30 0 25 5 0 0 0	CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOW UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0 0	NG T	.00 .00 IONTH-OF-PAYMENT RE FERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00 .00 .00	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000 .000 .000	IONT: ; ; \$.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00 .00	GE \$.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03 .00 .00 .00 .28
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 30 0 25 5 0 0 0 154 0	CES AND EXPENDITURING E/DENTAL VICES FOR MN - LOI UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0 0 229 0	NG T	.00 .00 IONTH-OF-PAYMENT RE FERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00 .00 .00	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000 .000 .000	IONT: ; ; \$.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00 .00 4.27	GE \$.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03 .00 .00 .00 .28 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 30 0 25 5 0 0 0 154 0 0	CES AND EXPENDITURING E/DENTAL VICES FOR MN - LOI UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0 0 0 229 0 0 0	NG T	.00 .00 IONTH-OF-PAYMENT RE FERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00 .00 .00 656.97 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00 .00 .00 2.87 .00	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000 .000 .000	IONT: ; ; \$.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00 .00 4.27 .00	GE \$.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03 .00 .00 .00 .28 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 30 0 25 5 0 0 0 154 0 0 0 0	CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0 229 0 0 0	NG T	.00 .00 IONTH-OF-PAYMENT RE VERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00 .00 .00 2.87 .00	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000 .000 .000 .000	IONT: ; ; \$.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00 .00 4.27 .00 .00	GE \$.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03 .00 .00 .28 .00 .00 .00
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 30 0 25 5 0 0 0 154 0 0 154 0 0 0 154 0 0 0 0 154 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL E/DENTAL VICES FOR MN - LOI UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0 0 229 0 0 0 229 0 0 0 0 229 0 0 0 0	NG T	.00 .00 IONTH-OF-PAYMENT RE FERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00 .00 .00 2.87 .00 .00 .00 2.87	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000 .000 .000 .000 .000 .000	JONT: SS; SS SS SS	.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00 .00 4.27 .00 .00 4.27 .00 .00	GE \$ \$ \$ \$.00 AGE 4,934 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 30 0 25 5 0 0 0 154 0 0 154 0 0 0 154 0 0 0 0 154 0 0 0 0 0 154 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL E/DENTAL VICES FOR MN - LOW UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0 0 229 0 0 0 229 0 0 0 0 0 0 0 0 0	NG T	.00 .00 IONTH-OF-PAYMENT RE FERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00 .00 .00 2.87 .00 .00 .00 2.87 .00	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000 .000 .000 .000 .000 .000 .00	JONTS;; \$.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00 .00 4.27 .00 .00 4.27 .00 .00	GE \$ \$ \$ \$.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03 .00 .00 .00 .28 .00 .00 .28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 30 0 25 5 0 0 0 154 0 0 154 0 0 0 154 0 0 0 0 154 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL E/DENTAL VICES FOR MN - LOI UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0 0 229 0 0 0 229 0 0 0 0 229 0 0 0 0	NG T	.00 .00 .00 IONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00 .00 .00 2.87 .00 .00 .00 2.87	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000 .000 .000 .000 .000 .000	JONT: SS; SS SS SS	.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00 .00 4.27 .00 .00 4.27 .00 .00	GE \$ \$ \$ \$.00 AGE 4,934 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 30 0 25 5 0 0 0 154 0 0 154 0 0 0 154 0 0 0 0 154 0 0 0 0 0 154 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL E/DENTAL VICES FOR MN - LOW UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0 0 229 0 0 0 229 0 0 0 0 0 0 0 0 0	NG T	.00 .00 IONTH-OF-PAYMENT RE FERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00 .00 .00 2.87 .00 .00 .00 2.87 .00	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000 .000 .000 .000 .000 .000 .00	S S S S S S S S S S S S S S S S S S S	.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00 .00 4.27 .00 .00 4.27 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03 .00 .00 .00 .28 .00 .00 .28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 30 0 25 5 0 0 0 154 0 0 154 0 0 0 154 0 0 2 154 0 0 0 154 0 0 0 154 0 0 0 154 0 0 0 154 0 0 0 154 0 0 0 154 0 0 0 154 0 0 0 0 154 0 0 0 0 154 0 0 0 0 154 0 0 0 0 154 0 0 0 0 0 154 0 0 0 0 0 154 0 0 0 0 0 154 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE E/DENTAL E/DENTAL VICES FOR MN - LOW UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0 0 229 0 0 0 229 0 0 0 0 0 229 0 0 0 0	NG T	.00 .00 .00 MONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$ \$ \$ \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 17.43 8.11 .00 .00 .00 2.87 .00 .00 .00 2.87 .00 .00 .00 .00	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000 .000 .000 .000 .000 .000 .00	ONT: SS; SS SS SS SS SS SS SS SS SS SS SS SS	.00 2004 HLY AVERA COST PER USER 46.01 .00 52.29 14.61 .00 .00 .00 4.27 .00 .00 4.27 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 4,934 03/14/05 COST PER ELIGIBLE .58 .00 .55 .03 .00 .00 .00 .28 .00 .00 .00 .28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 KINGS COUNTY 2,376 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER GTOTAL HOSPITAL	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 30 0 25 5 0 0 0 154 0 0 154 0 0 0 154 0 0 2 54	CES AND EXPENDITURE E/DENTAL E/DENTAL VICES FOR MN - LOW UNITS OF SERVICE OR DAYS OF CARE 84 0 75 9 0 0 0 229 0 0 0 229 0 0 0 0 0 229 0 0 0 0	NG T	.00 .00 .00 IONTH-OF-PAYMENT RE PERM CARE - AGED EXPENDITURES 1,380.26 .00 1,307.23 73.03 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$ \$ \$ \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 16.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .002 2004 THRU 13 M UNITS/DAY PER ELIG .035 .000 .032 .004 .000 .000 .000 .000 .000 .000 .00	ONT: SS; SS SS SS SS SS SS SS SS SS SS SS SS	.00 2004 HLY AVERA COST PER USER 46.01 .00 .52.29 14.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 4,934 03/14/05

NON-HSC HOSPITAL TOTAL	1	5	6,169.97	1233.99	.002	6169.97	2.60
ACCOMMODATIONS	1	5	2,086.20	417.24	.002	2086.20	.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,086.20	417.24	.002	2086.20	.88
ANCILLARIES	1	0	4,083.77	.00	.000	4083.77	1.72
INPATIENT CROSSOVERS	26	0	22,565.62	.00	.000	867.91	9.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	98	1,359.25	13.87	.041	48.54	.57
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	29.62	9.87	.001	14.81	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.64	34.64	.000	34.64	.01
CROSSOVERS/ALL OTH OUTPINT	25	94	1,294.99	13.78	.040	51.80	.55
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,935 MOP024 03/14/05

FEE-FOR-SERVICE/DENTAL KINGS COUNTY SIMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

KINGS COUNTY	SUMMARY OF SERVICES	FOR MN - LONG	TERM CARE - AGED	A	ID CODE	13				
						M	IONTE	HLY AVERA	GΕ	
2,376 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	S AVERA	GE COST	UNITS/DAY	S	COST PER		COST PER
·	OF	R DAYS OF CARE		PER U	NIT/DAY	PER ELIG	,	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	103 \$	30,094.84		92.18	.043		557.31		12.67
COMM HOSP INPATIENT TOTAL	27	5	28,735.59		47.12	.002	7	1064.28	-	12.09
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
	1	U								
NON-HSC HOSPITALS TOTAL		5	6,169.97		33.99	.002		6169.97		2.60
ACCOMMODATIONS	1	5	2,086.20		17.24	.002		2086.20		.88
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00)	.00	.000		.00		.00
ALL OTHER ACCOM	1	5	2,086.20) 4	17.24	.002		2086.20		.88
ANCILLARIES	1	0	4,083.77	7	.00	.000		4083.77		1.72
INPATIENT CROSSOVERS	26	0	22,565.62	2	.00	.000		867.91		9.50
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	28	98	1,359.25		13.87	.041		48.54		.57
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
	2	0								
PATHOLOGY	0	3	29.62		9.87	.001		14.81		.01
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	1	1	34.64		34.64	.000		34.64		.01
CROSSOVERS/ALL OTH OUTPTNT		94	1,294.99	9	13.78	.040		51.80		.55
@STATE HOSPITAL	0	0 \$.00) \$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00)	.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00)	.00	.000		.00		.00
@NURSING FACILITY	2,144	62,145 \$	6,502,769.22	2 \$ 1	04.64	26.155	\$	3033.01	Ś	2736.86
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	6	183	12,913.31		70.56	.077		2152.22		5.43
LEV B-SUBACUTE FREESTANDING	· · · · · · · · · · · · · · · · · · ·	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	O	295	161,378.51		47.05	.124		32275.70		67.92
	0		•				-			
LEV B-TRANSITIONAL IP CARE		0	.00		.00	.000		.00		.00
LEV B-REGULAR	2,135	61,667	6,328,477.40		02.62	25.954		2964.16		2663.50
@INTERMEDIATE CARE FACILDD	13	379 \$,		57.36		Ş		\$	25.10
ICF DDH	12	361	53,655.17	7 1	48.63	.152		4471.26		22.58
ICF DD	0	0	.00)	.00	.000		.00		.00
ICF DDN/DDCN	1	18	5,983.01	L 3	32.39	.008		5983.01		2.52
@HEMODIALYSIS TOTAL	2	3 \$	1,086.62	2 \$ 3	62.21	.001	\$	543.31	\$.46
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	3	1,086.62		62.21	.001		543.31		. 46
@REHABILITATION FACILITY	0	0 s	.00		.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	.00		.00	.000	Ψ	.00	~	.00
	0	0				.000				
INDEPENDENT FACILITY	-		.00		.00		<u> </u>	.00	<u>^</u>	.00
@LABORATORY FACILITY	11	19 \$			12.85	.008	\$	22.19	\$.10
PATHOLOGY	10	18	183.83		10.21	.008		18.38		.08
XO AND OTHERS	1	1	60.25		60.25	.000		60.25		.03
@ORGANIZED OUTPATIENT CLINIC	130	279 \$	6,098.68	3 \$	21.86	.117	\$	46.91	\$	2.57
CLINIC	0	0	.00)	.00	.000		.00		.00
SURGICENTER	3	9	634.23	3	70.47	.004		211.41		.27
HEROIN DETOX CLINIC	0	0	.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	128	270	5,464.45		20.24	.114		42.69		2.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A						DEC		P	AGE 4,936
MOP024	FEE-FOR-SERVICE/DEN		TIONALI OL LIMITALINI	TULL OTTE	011 01111	2001 1111(0	יוכ	2001		03/14/05
			TEDM CADE ACED	74	ID CODE	1 2				00/14/00
KINGS COUNTY	SUMMARY OF SERVICES	O LOK MIN - LONG	IERM CARE - AGED	A	TO CODE	13				

2,376 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	432	11,006	\$	48,486.32	\$ 4.41	4.632	\$ 112.24	\$ 20.41
DURABLE MED. EQUIP.	28	116		8,964.39	77.28	.049	320.16	3.77
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	315	5,966		29,841.16	5.00	2.511	94.73	12.56
AMBULANCES/AIR TRANS	65	366		9,194.37	25.12	.154	141.45	3.87
OTHER TRANS	225	5 , 338		18,366.27	3.44	2.247	81.63	7.73
OTHER SERVICES	54	262		2,280.52	8.70	.110	42.23	.96
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	7		497.50	71.07	.003	497.50	.21
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	34	70		854.22	12.20	.029	25.12	.36
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	23	52		57.88	1.11	.022	2.52	.02
PROSTHETIST/ORTHOTISTS	4	6		248.64	41.44	.003	62.16	.10
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	4	6		248.64	41.44	.003	62.16	.10
PSYCHOLOGIST	8	10		289.05	28.91	.004	36.13	.12
SPEECH AND AUDIOLOGY	10	20		1,017.83	50.89	.008	101.78	.43
HOSPICE SERVICES	2	50		4,245.16	84.90	.021	2122.58	1.79
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	4,709		2,470.49	.52	1.982	65.01	1.04
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	841	6,098	\$	208,414.57	\$ 34.18	2.566	\$ 247.82	\$ 87.72
A* TOTALS IN THESE ITMES ARE CIT	TENT AC A CEDAT	DAME INFORMATION	TUEM	ONT V •				

----- MONTHLY AVERAGE -----

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,937 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

SOUTHWILL OF SELV	TCES FOR	T _* TTA	поид	T 17171	CAILE	ритир		AID CODE	23				
									MC	NTHLY A	VERA	GΕ	
USERS	UNITS OF	SERVI	CE		EXPEND	ITURES	AVE	RAGE COST	UNITS/DAYS	COST	PER		COST PER
	OR DAYS	OF CA	ARE				PER	UNIT/DAY	PER ELIG	USI	lR.		ELIGIBLE
13		462	\$		42,	797.41	\$	92.64	38.500	\$ 3292	.11	\$	3566.45
2		2	\$			52.07	\$	26.04	.167	\$ 26	.04	\$	4.34
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
		USERS UNITS OF	USERS UNITS OF SERVI OR DAYS OF CA	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE EXPEND OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE 13	USERS UNITS OF SERVICE OR DAYS OF CARE 13	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 13 462 \$ 42,797.41 \$ 92.64 2 2 \$ 52.07 \$ 26.04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 13	USERS UNITS OF SERVICE OR DAYS OF CARE 13	USERS UNITS OF SERVICE OR DAYS OF CARE 13	USERS UNITS OF SERVICE OR DAYS OF CARE 13

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	_	_									
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0									
OUTPATIENT SURGERY	U	Ü		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
RADIOLOGY	U	•		.00		.00	.000		.00		.00
PSYCHIATRY	Ü	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		52.07		26.04	.167		26.04		4.34
@PHARMACY	13	79	\$	5,807.53	\$	73.51	6.583	\$	446.73	Ś	483.96
PRESCRIPTION DRUGS	13	79		5,807.53	'	73.51	6.583		446.73		483.96
	13	79		5,807.53		73.51	6.583		446.73		483.96
SNF/ICF				•							
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	1	2	\$	75.00	\$	37.50	.167	\$	75.00	\$	6.25
VISITS - DIAGNOSTIC	1	2		75.00		37.50	.167		75.00		6.25
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIA	U	0		.00		.00	.000		.00		.00
PERIODONTICS	Ü	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0	0									.00
FRACTURES, DISLOCATIONS	U	Ü		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RE	EPOR1	FOR JAN 2	2004 THRU D	EC	2004	P	AGE 4,938
MOP024	FEE-FOR-SERVIC	E/DENTAL									03/14/05
KINGS COUNTY		VICES FOR MN - LO	NG '	TERM CARE - BLIND		AID CODE	23				, ,
KINGO COONII	BOTHWING OF BEIN	VICED FOR THE	2110	IBIGI CIMB BEIND		MID CODE	MC	יחותי	מדע אוודס	CF.	
10 ELICIPIEC	HCEDC	INTER OF CERTICI	7	EADENDIMIDEC	7\ 7.7.17	DACE COCH	UNITS/DAYS				
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				'	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
-	•	ŭ	Y		Y			Y		Y	
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
		ŭ	Ċ		ċ			ċ		ċ	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00		.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00

NUDGE MEDITEE	0	0 0	0.0	a 00	000 6	0.0	A 00
NURSE MIDWIFE	U	0 \$		\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$		\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	•
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	•
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0 7	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0					
	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU DEC	2004	PAGE 4,939
MOP024	FEE-FOR-SERVICE,	DENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SERV	CES FOR MN - LONG	TERM CARE - BLIND	AID CODE	23		
					MONT	HLY AVERAG	E
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00		.000		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	n	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	357	\$ 36,655.09	\$ 102.68	29.750	\$ 3054.59	\$ 3054.59
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	357	36 , 655.09	102.68	29.750	3054.59	3054.59
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

.00 .00 .00 SURGICENTER 0 0 .000 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 RURAL HEALTH CLINIC Ω Ω .00 .000 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,940 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

					MON	THLY AVERAGE	Ξ
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	22 \$	207.72	\$ 9.44	1.833 \$	69.24	\$ 17.31
DURABLE MED. EQUIP.	1	1	98.67	98.67	.083	98.67	8.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	21	109.05	5.19	1.750	54.53	9.09
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	21	109.05	5.19	1.750	54.53	9.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	2 \$	114.91	\$ 57.46	.167 \$	28.73	9.58

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

KINGS COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,941
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----486 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 538 37,850 \$ 2,651,073.71 \$ 70.04 77.881 \$ 4927.65 \$ 5454.88 23,568.54 \$ 47.33 1.025 \$ 310.11 \$ 48.49 76 498 \$ @PHYSICIANS SERVICES
 240.16
 80.05
 .006
 120.08

 24.00
 24.00
 .002
 24.00
 2 3 OUTPATIENT VISITS .49 1 1 . 0.5 OFFICE VISITS 0 .00 HOME VISITS 1 2 EMERGENCY ROOM . 44 0 Ω .00 PREVENTIVE CARE OB VISITS/COMPRE PERI Ω .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0 10	0		.00		.00	.000	.00		.00
INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	10	145		7,640.25 4,498.91 .00 3,141.34 .00 .00 .00 10,433.82 7,818.99 .00 2,614.83 1,192.76 296.97 .00 895.79 .00 430.74 1,094.58 .00 .00 2,536.23 298,099.83 293,508.87 285,095.46		52.69	.298	764.03		15.72
HOSPITAL VISITS	5	73		4,498.91		61.63	.150	899.78		9.26
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNE/ICE/TRANS IP CARE	9	72		3.141 34		43 63	148	349.04		6.46
OPHTHALMOLOGICAL SERVICES	0	, 2		00		00	000	.00		.00
EVANTNATIONS	0	0		.00		.00	.000	.00		.00
CEDITOEC AND MAREDIALC	0	0		.00		.00	.000	.00		.00
SERVICES AND MAIERIALS	0	110		10 422 02		.00	.000	2006.76		
INPATIENT HOSPITAL SURGERY	5	110		10,433.82		94.85	.226	2086.76		21.47
PRINCIPAL SURGEON	4	9		7,818.99		868.78	.019	1954.75		
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	4	101		2,614.83		25.89	.208	653.71		5.38
OUTPATIENT SURGERY	2	26		1,192.76		45.88	.053	596.38 296.97		2.45
PRINCIPAL SURGEON	1	1		296.97		296.97	.002	296.97		.61
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	25		895.79		35.83	.051	447.90		1.84
DIALYSIS	0	0		. 00		. 0.0	. 000	.00		.00
PATHOLOGY	3	6		430 74		71 79	012	143 58		.89
PADIOLOCY	6	31		1 004 58		35 31	064	143.58 182.43		2.25
DCVCUTAMDV	0	0		1,094.50		33.31	P00.	.00		.00
FOICHIAINI	0	0		.00		.00	.000	.00		
IMMUNIZATION AND INJECTION	0	U 177		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	69	1//	_	2,536.23	_	14.33	.364	36.76	_	5.22
@PHARMACY	481	16,510	Ş	298,099.83	Ş	18.06	33.971	\$ 619.75	Ş	
PRESCRIPTION DRUGS	472	3,336		293 , 508.87		87.98	6.864	621.84		603.93
SNF/ICF	462	3,254		285,095.46 8,413.41 4,590.96		87.61	6.695	617.09		586.62
OUTPATIENTS	24	82		8,413.41		102.60	.169	350.56		17.31
MEDICAL SUPPLIES	39	13,174		4,590.96		.35	27.107	117.72		9.45
OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	41	223 152	\$	7 500 85	Ċ	33 68	.459	\$ 183.17	\$	15.45
VISITS - DIAGNOSTIC	38	152		2,473.00 1,733.00 .00 100.00 1,354.00 260.00 399.00 .00 .00		16.27				5.09
ORAL SURGERY	9	38		1.733.00		45.61		192.56		3.57
DRIGS	0	0		0.0		.00				.00
AMEGRUEGIA	1	1		100 00		100 00	.002			.21
DEDIODOMETOS		1 2		1 354 00		100.00	.027	160.00		2.79
FERIODONIICS	1	1 1		1,334.00		260 00	.002	260 00		.53
ENDODONTICS		1		260.00		260.00	.002	169.25 260.00 79.80		
RESTORATIVE DENTISTRY	5	6		399.00		66.50				.82
PROSTHETICS	0	Ü		.00		.00				.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00 108.26		.00
MAXILLOFACIAL SERVICES	11	11		1,190.85		108.26	.023	108.26		2.45
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.002	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPORT	r for Jan	2004 THRU	DEC 2004	P	AGE 4,942
MOP024	FEE-FOR-SERVICE	E/DENTAL	_							03/14/05
KINGS COUNTY			ONG '	TERM CARE - DISABL	ED	AID CODE	63			03/11/00
KINGD COONII	BOTHWIN OF BEIN	VICES FOR THE	OIVO	IBIMI CING DIGIDE	טם	MID CODE		ONTHLY AVERA	CF	
486 ELIGIBLES	USERS	UNITS OF SERVICE	C C	EXPENDITURES	7/ 7/17	DACE COST	UNITS/DAY		1011	COST PER
400 ELIGIBLES	OSEKS			EVEFUDITORES						
CODMOMENTAGE	1.1	OR DAYS OF CAR		F00 40			PER ELIG			ELIGIBLE
@OPTOMETRIST	11	29	\$	500.40	\$	17.26	.060		Ş	1.03
DIAGNOSTIC AND ANC. PROCED	2	2		55.46		27.73	.004	27.73		.11
EYE APPLIANCES	8	23		372.79		16.21	.047	46.60		.77
OTHER OPTOMETRIC SERVICES	2	4		72.15		18.04	.008	36.08		.15
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	9	9	\$	88.64	\$	9.85	.019	\$ 9.85	\$.18
								-		

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	9	88.64	9.85	.019	9.85	.18
@HOME HEALTH AGENCY	0		.00	\$.00		.00	
	0	0 \$ 0 \$		·			
NURSE ANESTHESIST			.00	\$.00	.000 \$.00	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	20	135 \$	161,802.12	\$ 1198.53		8090.11	
HOSP INPATIENT TOTAL	10	69	160,793.68	2330.34	.142	16079.37	330.85
HSC HOSPITALS	4	64	151,500.00	2367.19	.132	37875.00	311.73
NON-HSC HOSPITAL TOTAL	1	5	5 , 022.60	1004.52	.010	5022.60	10.33
ACCOMMODATIONS	1	5	1,539.00	307.80	.010	1539.00	3.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	1,539.00	307.80	.010	1539.00	3.17
ANCILLARIES	1	0	3,483.60	.00	.000	3483.60	7.17
INPATIENT CROSSOVERS	_ 5	0	4,271.08	.00	.000	854.22	8.79
ALL OTHER INPATIENT	0	Ö	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	66	1,008.44	15.28	.136	100.84	2.07
MEDICAL	2	4	94.93	23.73	.008	47.47	.20
	0	0					
SURGERY	_		.00	.00	.000	.00	.00
PATHOLOGY	3 2	38	503.74	13.26	.078	167.91	1.04
RADIOLOGY	2	2	40.00	20.00	.004	20.00	.08
ROOM USE	2	3	149.31	49.77	.006	74.66	.31
CROSSOVERS/ALL OTH OUTPTNT	9	19	220.46	11.60	.039	24.50	.45
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	Ô	.00	.00	.000	.00	.00
MEDICAL	0	Û	.00	.00	.000	.00	.00
SURGERY	0	Û	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT					.000		
		ES AND EXPENDITURES MO	NTH-OF-PAIMENT RE	PORT FOR JAN 2	2004 THRO DE	2004	PAGE 4,943
MOP024	FEE-FOR-SERVICE		D./ GIDE DIGIDIO		60		03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TE	RM CARE - DISABLE	D AID CODE			α
406					MON		
486 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	135 \$	161,802.12	\$ 1198.53		8090.11	·
COMM HOSP INPATIENT TOTAL	10	69	160,793.68	2330.34	.142	16079.37	330.85
HSC HOSPITALS	4	64	151,500.00	2367.19	.132	37875.00	311.73
NON-HSC HOSPITALS TOTAL	1	5	5,022.60	1004.52	.010	5022.60	10.33
ACCOMMODATIONS	1	5	1,539.00	307.80	.010	1539.00	3.17

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	5		1,539.00		307.80	.010		1539.00		3.17
ANCILLARIES	1	0		3,483.60		.00	.000		3483.60		7.17
INPATIENT CROSSOVERS	5	0		4,271.08		.00	.000		854.22		8.79
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10	66		1,008.44		15.28	.136		100.84		2.07
MEDICAL	2	4		94.93		23.73	.008		47.47		.20
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	38		503.74		13.26	.078		167.91		1.04
RADIOLOGY	2	2		40.00		20.00	.004		20.00		.08
	2	3		149.31		49.77	.004		74.66		.31
ROOM USE											
CROSSOVERS/ALL OTH OUTPTNT	_	19		220.46		11.60	.039		24.50		.45
@STATE HOSPITAL	12	366	\$	182,573.20	\$	498.83	.753	Ş	15214.43	Ş	375.67
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	366		182,573.20		498.83	.753		15214.43		375.67
@NURSING FACILITY	250	7 , 395	\$	895 , 502.56	\$	121.10	15.216	\$	3582.01	\$	1842.60
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	10	335		36,119.20		107.82	.689		3611.92		74.32
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	6	230		145,570.55		632.92	.473		24261.76		299.53
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	234	6,830		713,812.81		104.51	14.053		3050.48		1468.75
@INTERMEDIATE CARE FACILDD	226	6,765	\$	1,044,610.34	\$	154.41	13.920	\$	4622.17	\$	2149.40
ICF DDH	202	6,065		907,030.00		149.55	12.479		4490.25		1866.32
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	24	700		137,580.34		196.54	1.440		5732.51		283.09
@HEMODIALYSIS TOTAL	3	6	\$	3,029.38	Ś	504.90	.012	\$	1009.79	Ś	6.23
HOSPITAL BASED	0	Õ	-	.00	7	.00	.000	т.	.00	т	.00
HEMODIALYSIS CENTER	3	6		3,029.38		504.90	.012		1009.79		6.23
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	11.45	\$	5.73	.004	Ċ	11.45	Ċ	.02
	1	2	۲		Ą			۲	11.45	ې	
PATHOLOGY	0	2		11.45		5.73	.004				.02
XO AND OTHERS	· ·	0	ć	.00	Ċ	.00	.000	ć	.00	Ċ	.00
@ORGANIZED OUTPATIENT CLINIC	201	489	\$	16,764.82	\$	34.28	1.006	Ş	83.41	Ş	34.50
CLINIC	1	1		18.12		18.12	.002		18.12		.04
SURGICENTER	25	78		2,997.51		38.43	.160		119.90		6.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	193	410		13,749.19		33.53	.844		71.24	_	28.29
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF-PAYMENT R	EPORT.	' FOR JAN 2	2004 THRU	DEC	2004	P	AGE 4,944
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MN - I	LONG	TERM CARE - DISABL	ΕD	AID CODE					
									HLY AVERA	-	
486 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG	5	USER		ELIGIBLE
@ALL OTHER PROVIDERS	106	5 , 423	\$	17,012.58	\$	3.14	11.158	\$	160.50	\$	35.01
DURABLE MED. EQUIP.	10	114		6,143.28		53.89	.235		614.33		12.64
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	2		50.00		25.00	.004		50.00		.10
MEDICAL TRANSPORTATION	48	1,192		5,552.66		4.66	2.453		115.68		11.43
AMBULANCES/AIR TRANS	13	145		1,979.76		13.65	.298		152.29		4.07
OTHER TRANS	31	970		3,180.08		3.28	1.996		102.58		6.54
OTHER SERVICES	10	77		392.82		5.10	.158		39.28		.81
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	-	•									

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	18	193.88	10.77	.037	24.24	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4	3.63	.91	.008	1.21	.01
PROSTHETIST/ORTHOTISTS	2	3	57.17	19.06	.006	28.59	.12
PROSTHETICS	1	1	57.17	57.17	.002	57.17	.12
ORTHOTICS	1	2	.00	.00	.004	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.002	31.08	.06
SPEECH AND AUDIOLOGY	14	43	2,113.19	49.14	.088	150.94	4.35
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	4	41.60	10.40	.008	41.60	.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	4,042	2,826.09	.70	8.317	100.93	5.82
@CALIF. CHILDREN SERVICES*	6	318	\$ 170,801.43	\$ 537.11	.654	\$ 28466.91	\$ 351.44
@XOVER EXCLUDING STATE HOSP**	152	357	\$ 18,774.35	\$ 52.59	.735	\$ 123.52	\$ 38.63

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDOE BININ INCE INCEORED :		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 4,945
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
	0	0							
OUTPATIENT SURGERY		•		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000			.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		•	MONTH-OF-D7						4,946
MOP024	FEE-FOR-SERVICE		MONIII OF FF	ZILIDINI IVE	JEONI FOR UAN 2	UU4 IIIKU DEK	2004		3/14/05
KINGS COUNTY		ICES FOR MN - LONG	TEDM CADE -	- ENMITTE	C DICCOMPINI	ED		U	3/14/03
KINGS COUNTI	SUMMARI OF SERV.	ICES FOR MN - LONG	IERM CARE -	- FAMILIE			ת מיינות ע דוות	CE.	
OO ELICIDIES	HOEDO	IINITE OF CEDUTOR	העחהאוו	THIIDEC		MON'			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENI	TIOKES	AVERAGE COST				T PER
A O DELOMBED T CE	^	OR DAYS OF CARE		0.0	PER UNIT/DAY		USER		GIBLE
@OPTOMETRIST	0	0 \$.00	•	.000 \$		Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

	2	^		2.2	0.0	0.00	0.0		0.0
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	•	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
	0	0							
OTHER	0		<u>^</u>	.00	.00	.000	.00	â	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0							
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
	0	0			.00	.000	.00		.00
ROOM USE	0			.00					
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	Û	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	<u> </u>	-							
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	Ü	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURI	ES MONTH-O			2004 THRU DE		PAGE	4,947
MOP024	FEE-FOR-SERVICE/DENTAL								/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	MN - T.OI	NG TERM CAR	RE - FAMILIE	S DISCONTIN	HED		0.5	, , 00
ICINOD COUNTI	COLUMNIC OF CHICATORS LOW	1.114 1101	ILIUI CAI		O DIDCONTIN			~=	

		OR DAYS OF CARE			PE:I	R UNIT/DAY	PER ELIG		USER	F	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATE OF CARE	\$.00	\$.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	т	.00	Ψ.	.00	.000	т	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
	0	0		.00					.00		.00
COMM HOSP OUTPATIENT TOTAL	0					.00	.000				.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	•	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0				.00					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT I	REPOR'	r for jan 2	004 THRU	DEC	2004	PI	AGE 4,948
	FEE-FOR-SERVICE	/DENTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MN - LC	NG TE	RM CARE - FAMILI	IES	DISCONTINU	JED				
							M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,949
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

----- MONTHLY AVERAGE -----2,874 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 3,062 134,098 \$ 10,291,036.95 76.74 46.659 \$ 3360.89 \$ 3580.74 416 1,165 36,032.70 \$ 30.93 .405 \$ 86.62 \$ 12.54 @PHYSICIANS SERVICES 390.12 24.00 24.00 .000 .00 97.53 OUTPATIENT VISITS 4 65.02 6 24.00 OFFICE VISITS 1 1 1 .01 .00 .000 108.08 .001 .00 .000 .00 .000 20.94 .001 47.23 .066 59.13 .028 0 .00 .00 HOME VISITS 324.24 3 162.12 EMERGENCY ROOM .11 0 PREVENTIVE CARE .00 .00 .00 0 .00 OB VISITS/COMPRE PERI 2 OTHER OUTPATIENT 1 41.88 41.88 .01 8,925.90 INPATIENT VISITS 189 262.53 3.11 59.13 .00 38.49 8.01 8.01 80 4,730.21 .028 675.74 HOSPITAL VISITS 0 0 CRITICAL CARE .000 .00 .00 .00 SNF/ICF/TRANS IP CARE 32 109 4,195.69 .038 131.12 1.46 8.01 8.01 OPHTHALMOLOGICAL SERVICES 1 8.01 .000 .00 1 0 8.01 EXAMINATIONS .000 8.01 .00 .00 .00 .000 SERVICES AND MATERIALS .00 110 10,433.82 94.85 .038 2086.76 INPATIENT HOSPITAL SURGERY 3.63 9 PRINCIPAL SURGEON 7,818.99 868.78 868.78 .00 .003 1954.75 2.72 0 .00 ASSISTANT SURGEON .00 .000 .00 2,614.83 ANESTHESIOLOGIST 101 25.89 .035 653.71 .91

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	2	26		1,192.76	5	45.88	.009		596.38		.42
PRINCIPAL SURGEON	1	1		296.97	7	296.97	.000		296.97		.10
ASSISTANT SURGEON	0	0		.00)	.00	.000		.00		.00
ANESTHESIOLOGIST	2	25		895.79	9	35.83	.009		447.90		.31
DIALYSIS	0	0		.00)	.00	.000		.00		.00
PATHOLOGY	3	5		402.74	4	80.55	.002		134.25		.14
RADIOLOGY	7	32		1,127.63	3	35.24	.011		161.09		.39
PSYCHIATRY	0	0		.00)	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00)	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	385	796		13,551.72	2	17.02	.277		35.20		4.72
@PHARMACY	2,555	36 , 755	\$	1,218,380.52	2 \$	33.15	12.789	\$	476.86	\$	423.93
PRESCRIPTION DRUGS	2,540	18,421		1,209,539.93	3	65.66	6.410		476.20		420.86
SNF/ICF	2,428	17,651		1,181,038.00	5	66.91	6.142		486.42		410.94
OUTPATIENTS	150	770		28,501.8	7	37.02	.268		190.01		9.92
MEDICAL SUPPLIES	86	18,334		8,840.59	9	.48	6.379		102.80		3.08
@DENTIST	240	929	\$	27,285.6	7 \$	29.37	.323	\$	113.69	\$	9.49
VISITS - DIAGNOSTIC	228	740		11,929.75	5	16.12	.257		52.32		4.15
ORAL SURGERY	17	65		3,102.00)	47.72	.023		182.47		1.08
DRUGS	0	0		.00)	.00	.000		.00		.00
ANESTHESIA	1	1		100.00)	100.00	.000		100.00		.03
PERIODONTICS	9	14		1,472.00)	105.14	.005		163.56		.51
ENDODONTICS	1	1		260.00)	260.00	.000		260.00		.09
RESTORATIVE DENTISTRY	6	8		569.00)	71.13	.003		94.83		.20
PROSTHETICS	0	0		.00)	.00	.000		.00		.00
DENTURES, STAYPLATES	4 9	83		8,564.00)	103.18	.029		174.78		2.98
SPACE MAINTAINERS	0	0		.00)	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	12	12		1,288.92	2	107.41	.004		107.41		.45
FRACTURES, DISLOCATIONS	0	0		.00)	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00)	.00	.000		.00		.00
ALL OTHER SERVICES	4	5		.00)	.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH	-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P7	AGE 4,950
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

KINGS COUNTY	SUMMARY OF SERV	/ICES FOR MN - LC	NG T	ERM CARE - TOTAL		3.6			~ =	
0 074 71767777					 	MO			GE	
2,874 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST		3			COST PER
		OR DAYS OF CARE			R UNIT/DAY		_	USER		ELIGIBLE
@OPTOMETRIST	41	113	\$	1,880.66	\$ 16.64	.039	Ş	45.87	Ş	.65
DIAGNOSTIC AND ANC. PROCED	2	2		55.46	27.73	.001		27.73		.02
EYE APPLIANCES	33	98		1,680.02	17.14	.034		50.91		.58
OTHER OPTOMETRIC SERVICES	7	13		145.18	11.17	.005		20.74		.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	163	238	\$	745.61	\$ 3.13	.083	\$	4.57	\$.26
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	163	238		745.61	3.13	.083		4.57		.26
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	4	\$	124.59	\$ 31.15	.001	\$	62.30	\$.04
@TOTAL HOSPITAL	74	238	\$	191,896.96	\$ 806.29	.083	\$	2593.20	\$	66.77
HOSP INPATIENT TOTAL	37	74		189,529.27	2561.21	.026		5122.41		65.95
HSC HOSPITALS	4	64		151,500.00	2367.19	.022		37875.00		52.71
NON-HSC HOSPITAL TOTAL	2	10		11,192.57	1119.26	.003		5596.29		3.89
ACCOMMODATIONS	2	10		3,625.20	362.52	.003		1812.60		1.26
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	2	10		3,625.20	362.52	.003		1812.60		1.26
ANCILLARIES	2	0		7,567.37	.00	.000		3783.69		2.63
INPATIENT CROSSOVERS	31	0		26,836.70	.00	.000		865.70		9.34
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	38	164		2,367.69	14.44	.057		62.31		.82
MEDICAL	2	4		94.93	23.73	.001		47.47		.03
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	5	41		533.36	13.01	.014		106.67		.19
RADIOLOGY	2	2		40.00	20.00	.001		20.00		.01
ROOM USE	3	4		183.95	45.99	.001		61.32		.06
CROSSOVERS/ALL OTH OUTPINT	34	113		1,515.45	13.41	.039		44.57		.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL KINGS COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

KINGS COUNTY	SUMMARY OF SERVIC	ES FOR MN - LO	ONG I	ERM CARE - TOTAL	ı						
									HLY AVERA	-	
2,874 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			'UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE				- ,	PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	238	\$	191,896.96		806.29	.083	\$	2593.20	\$	66.77
COMM HOSP INPATIENT TOTAL	37	74		189,529.27		2561.21	.026		5122.41		65.95
HSC HOSPITALS	4	64		151,500.00		2367.19	.022		37875.00		52.71
NON-HSC HOSPITALS TOTAL	2	10		11,192.57		1119.26	.003		5596.29		3.89
ACCOMMODATIONS	2	10		3,625.20		362.52	.003		1812.60		1.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	10		3,625.20		362.52	.003		1812.60		1.26
ANCILLARIES	2	0		7,567.37		.00	.000		3783.69		2.63
INPATIENT CROSSOVERS	31	0		26,836.70		.00	.000		865.70		9.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	38	164		2,367.69		14.44	.057		62.31		.82
MEDICAL	2	4		94.93		23.73	.001		47.47		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	41		533.36		13.01	.014		106.67		.19
	2	2		40.00		20.00	.001		20.00		.01
RADIOLOGY	3	4		183.95		45.99	.001		61.32		.06
ROOM USE											
CROSSOVERS/ALL OTH OUTPTNT	12	113	Ċ	1,515.45		13.41	.039	<u>_</u>	44.57	ć	.53
@STATE HOSPITAL	12	366	\$	182,573.20		498.83	.127	Ş		\$	63.53
MENTALLY ILL	-	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	366		182,573.20		498.83	.127		15214.43		63.53
@NURSING FACILITY	2,406	69 , 897	\$	7,434,926.87		106.37	24.320	\$		\$	2586.96
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	16	518		49,032.51		94.66	.180		3064.53		17.06
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	11	525		306,949.06		584.66	.183		27904.46		106.80
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,381	68 , 854		7,078,945.30		102.81	23.958		2973.10		2463.10
@INTERMEDIATE CARE FACILDD	239	7,144	\$	1,104,248.52	\$	154.57	2.486	\$		\$	384.22
ICF DDH	214	6,426		960,685.17		149.50	2.236		4489.18		334.27
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	25	718		143,563.35		199.95	.250		5742.53		49.95
@HEMODIALYSIS TOTAL	5	9	\$	4,116.00	\$	457.33	.003	\$	823.20	\$	1.43
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	9		4,116.00		457.33	.003		823.20		1.43
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	21	\$	255.53		12.17	.007	\$	21.29	\$.09
PATHOLOGY	11	20	7	195.28		9.76	.007	-1	17.75	т.	.07
XO AND OTHERS	1	1		60.25		60.25	.000		60.25		.02
@ORGANIZED OUTPATIENT CLINIC	331	768	Ś	22,863.50		29.77	.267	\$		\$	7.96
CLINIC	1	1	٧	18.12		18.12	.000	Υ	18.12	۲	.01
SURGICENTER	28	87		3,631.74		41.74	.030		129.71		1.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	321	680		19,213.64		28.26	.237		59.86		6.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		OFC N					DEC		П	AGE 4,952
MOP024			\LO 1.	IONIN-OF-PAIMENT	MEFORT	TOK JAN	ZUU4 INKU	חהר	2004	P	03/14/05
	FEE-FOR-SERVICE/D		NIC II	IEDM CADE HOMAT							03/14/05
KINGS COUNTY	SUMMARY OF SERVIC	ed for MM - P(NAG J	EKM CAKE - TOTAL	1						

2,874 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST		S COST PER	101	COST PER
		OR DAYS OF CARE		PEF	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	541	16,451	\$ 65,706.62	\$	3.99	5.724	\$ 121.45	\$	22.86
DURABLE MED. EQUIP.	39	231	15,206.34		65.83	.080	389.91		5.29
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	1	2	50.00		25.00	.001	50.00		.02
MEDICAL TRANSPORTATION	365	7,179	35 , 502.87		4.95	2.498	97.27		12.35
AMBULANCES/AIR TRANS	78	511	11,174.13		21.87	.178	143.26		3.89
OTHER TRANS	258	6 , 329	21,655.40		3.42	2.202	83.94		7.53
OTHER SERVICES	64	339	2,673.34		7.89	.118	41.77		.93
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	1	7	497.50		71.07	.002	497.50		.17
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	42	88	1,048.10		11.91	.031	24.95		.36
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
PORTABLE X-RAY	26	56	61.51		1.10	.019	2.37		.02
PROSTHETIST/ORTHOTISTS	6	9	305.81		33.98	.003	50.97		.11
PROSTHETICS	1	1	57.17		57.17	.000	57.17		.02
ORTHOTICS	5	8	248.64		31.08	.003	49.73		.09
PSYCHOLOGIST	9	11	320.13		29.10	.004	35.57		.11
SPEECH AND AUDIOLOGY	24	63	3,131.02		49.70	.022	130.46		1.09
HOSPICE SERVICES	2	50	4,245.16		84.90	.017	2122.58		1.48
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1	4	41.60		10.40	.001	41.60		.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	66	8 , 751	5,296.58		.61	3.045	80.25		1.84
@CALIF. CHILDREN SERVICES*	6	318	\$ 170,801.43	\$	537.11	.111	\$ 28466.91	\$	59.43
@XOVER EXCLUDING STATE HOSP**	997	6,457	\$ 227,303.83	\$	35.20	2.247			79.09

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,953
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

KINGD COUNTI	DOINGING OF DELI-	(VICED FOR INDEE	יו דעעני	LLDI MOLD					
						MC	ONTHLY AVERA	.GE	
7,705 ELIGIBLES	USERS	UNITS OF SERVIO	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	7 , 278	149,475	\$	9,923,776.21	\$ 66.39	19.400	\$ 1363.53	\$ 1287.97	
@PHYSICIANS SERVICES	1,288	6 , 394	\$	120,074.01	\$ 18.78	.830	\$ 93.23	\$ 15.58	
OUTPATIENT VISITS	125	153		8,849.57	57.84	.020	70.80	1.15	
OFFICE VISITS	60	70		2,751.95	39.31	.009	45.87	.36	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	60	72		5,882.94	81.71	.009	98.05	.76	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	9	11		214.68	19.52	.001	23.85	.03	
INPATIENT VISITS	59	170		6 , 749.74	39.70	.022	114.40	.88	
HOSPITAL VISITS	35	120		4,258.19	35.48	.016	121.66	.55	
CRITICAL CARE	1	11		1,337.60	121.60	.001	1337.60	.17	
SNF/ICF/TRANS IP CARE	25	39		1,153.95	29.59	.005	46.16	.15	
OPHTHALMOLOGICAL SERVICES	13	12		422.21	35.18	.002	32.48	.05	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	13	12	422.21	35.18	.002	32.48	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	183	13,523.88	73.90	.024	587.99	1.76
PRINCIPAL SURGEON	15	22	10,684.92	485.68	.003	712.33	1.39
ASSISTANT SURGEON	1	1	374.53	374.53		374.53	.05
ANESTHESIOLOGIST	9	160	2,464.43	15.40	.021	273.83	.32
OUTPATIENT SURGERY	32	127	16,883.28	132.94	.016	527.60	2.19
PRINCIPAL SURGEON	24	34	15,146.36	445.48	.004	631.10	1.97
ASSISTANT SURGEON	1	1	223.38	223.38	.000	223.38	.03
ANESTHESIOLOGIST	9	92	1,513.54	16.45	.012	168.17	.20
DIALYSIS	13	51	3,937.85	77.21		302.91	.51
PATHOLOGY	20	37	1,620.62	43.80		81.03	.21
RADIOLOGY	144	337	10,560.57	31.34	.044	73.34	1.37
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4	24.57	6.14	.001	12.29	.00
OTHER SERVICES/ALL X-OVERS		5,320	57,501.72	10.81	.690	54.97	7.46
@PHARMACY	5,748	54,751 \$			7.106		
PRESCRIPTION DRUGS	5,666	30,242	2,048,809.18	67.75	3.925	361.60	265.91
SNF/ICF	2,066	15,244	948,403.08	62.21	1.978	459.05	123.09
OUTPATIENTS	3,628	14,998	1,100,406.10	73.37	1.947	303.31	142.82
MEDICAL SUPPLIES	450	24,509	38,052.52	1.55	3.181	84.56	4.94
@DENTIST	390	1,707 \$	65,656.07	\$ 38.46	.222	\$ 168.35	\$ 8.52
VISITS - DIAGNOSTIC	298	1,161	14,650.30	12.62		49.16	1.90
ORAL SURGERY	59	183	9,007.45	49.22	.024	152.67	1.17
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	12	13	1,224.50	94.19	.002	102.04	.16
ENDODONTICS	12	12	3,035.00	252.92	.002	252.92	.39
RESTORATIVE DENTISTRY	37	75	7,139.00	95.19	.010	192.95	.93
PROSTHETICS	3	3	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	104	252	30,301.75	120.25	.033	291.36	3.93
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	98.07	98.07	.000	98.07	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	5	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU I	DEC 2004	PAGE 4,954
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	NEEDY - AGED				
						ONTHLY AVERA	GE
7 705 81 1018 8		OF OFFITAE		TITED TOE COO	m		COCH DED

USERS	UNITS OF SERVICE	1	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE	:		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
172	497	\$	10,085.66	\$	20.29	.065	\$	58.64	\$	1.31
50	54		2,271.64		42.07	.007		45.43		.29
140	409		7,104.26		17.37	.053		50.74		.92
24	34		709.76		20.88	.004		29.57		.09
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
173	258	\$	811.39	\$	3.14	.033	\$	4.69	\$.11
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
173	258		811.39		3.14	.033		4.69		.11
6	68	\$	4,596.71	\$	67.60	.009	\$	766.12	\$.60
2	8	\$	185.58	\$	23.20	.001	\$	92.79	\$.02
	172 50 140 24 0 0 0 173 0 0	OR DAYS OF CARE 172	OR DAYS OF CARE PER UNIT/DAY PER ELIG 172 497 \$ 10,085.66 \$ 20.29 .065 \$ 50 54 2,271.64 42.07 .007 <td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 172 497 \$ 10,085.66 \$ 20.29 .065 \$ 58.64 50 54 2,271.64 42.07 .007 45.43 140 409 7,104.26 17.37 .053 50.74 24 34 709.76 20.88 .004 29.57 0 0 \$.00 \$.00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 173 258 \$ 811.39 \$ 3.14 .033 \$ 4.69 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 173 258 811.39 3.14 .033 \$ 4.69 0 0 .00 .00 .00 .00 173 258 811.39 3.14 .033 \$</td> <td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 172 497 \$ 10,085.66 \$ 20.29 .065 \$ 58.64 \$ 50 54 2,271.64 42.07 .007 45.43 \$ 140 409 7,104.26 17.37 .053 50.74 \$ 24 34 709.76 20.88 .004 29.57 \$ 0 0 \$.00 \$.00 .000 \$.00 \$ 0 0 \$.00 .00 .000 .00 \$.00 \$ 173 258 \$ 811.39 \$ 3.14 .033 \$ 4.69 \$ 0 0 .00 .00 .00 .00 .00 .00 .00 173 258 811.39 3.14 .033 4.69 \$ 4.69 \$ 6 68 \$ 4,596.71 \$ 67.60 .009 \$ 766.12 \$</td>	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 172 497 \$ 10,085.66 \$ 20.29 .065 \$ 58.64 50 54 2,271.64 42.07 .007 45.43 140 409 7,104.26 17.37 .053 50.74 24 34 709.76 20.88 .004 29.57 0 0 \$.00 \$.00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 173 258 \$ 811.39 \$ 3.14 .033 \$ 4.69 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 173 258 811.39 3.14 .033 \$ 4.69 0 0 .00 .00 .00 .00 173 258 811.39 3.14 .033 \$	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 172 497 \$ 10,085.66 \$ 20.29 .065 \$ 58.64 \$ 50 54 2,271.64 42.07 .007 45.43 \$ 140 409 7,104.26 17.37 .053 50.74 \$ 24 34 709.76 20.88 .004 29.57 \$ 0 0 \$.00 \$.00 .000 \$.00 \$ 0 0 \$.00 .00 .000 .00 \$.00 \$ 173 258 \$ 811.39 \$ 3.14 .033 \$ 4.69 \$ 0 0 .00 .00 .00 .00 .00 .00 .00 173 258 811.39 3.14 .033 4.69 \$ 4.69 \$ 6 68 \$ 4,596.71 \$ 67.60 .009 \$ 766.12 \$					

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	4	\$ 124.59	\$ 31.15	.001	\$ 62.30	\$.02
@TOTAL HOSPITAL	541	2,409	\$ 367,852.35	\$ 152.70	.313	\$ 679.95	\$ 47.74
HOSP INPATIENT TOTAL	119	157	316,068.98	2013.18	.020	2656.04	41.02
HSC HOSPITALS	5	23	31,693.48	1377.98	.003	6338.70	4.11
NON-HSC HOSPITAL TOTAL	23	134	213,011.33	1589.64	.017	9261.36	27.65
ACCOMMODATIONS	23	134	55,740.83	415.98	.017	2423.51	7.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	134	55,740.83	415.98	.017	2423.51	7.23
ANCILLARIES	23	0	157,270.50	.00	.000	6837.85	20.41
INPATIENT CROSSOVERS	91	0	71,364.17	.00	.000	784.22	9.26
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	439	2,252	51,783.37	22.99	.292	117.96	6.72
MEDICAL	76	114	5,627.52	49.36	.015	74.05	.73
SURGERY	15	16	1,200.80	75.05	.002	80.05	.16
PATHOLOGY	162	893	11,151.70	12.49	.116	68.84	1.45
RADIOLOGY	93	135	10,673.75	79.06	.018	114.77	1.39
ROOM USE	77	110	5 , 236.53	47.60	.014	68.01	.68
CROSSOVERS/ALL OTH OUTPTNT	261	984	17,893.07	18.18	.128	68.56	2.32
@COUNTY HOSPITAL TOTAL	1	3	\$ 16.10	\$ 5.37	.000	\$ 16.10	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	1	3	16.10	5.37	.000	16.10	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	3	16.10	5.37	.000	16.10	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 4,955
MOP024	FEE-FOR-SERVICE/DENTAI						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - AGED				

----- MONTHLY AVERAGE -----7,705 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 540 2,406 367,836.25 \$ 152.88 .312 \$ 681.18 \$ 47.74 COMM HOSP INPATIENT TOTAL 119 157 2013.18 316,068.98 .020 2656.04 41.02 5 23 31,693.48 1377.98 .003 6338.70 4.11 HSC HOSPITALS 134 27.65 NON-HSC HOSPITALS TOTAL 213,011.33 1589.64 .017 9261.36 134 415.98 7.23 ACCOMMODATIONS 55,740.83 .017 2423.51 0 0 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 134 415.98 ALL OTHER ACCOM 55,740.83 .017 2423.51 .00 ANCILLARIES 0 157,270.50 .000 6837.85 20.41 .00 INPATIENT CROSSOVERS 71,364.17 .000 784.22 9.26 .00 .00 0 .00 .000 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 438 2,249 51,767.27 23.02 .292 118.19 6.72 76 114 5,627.52 49.36 .015 74.05 MEDICAL .73 SURGERY 15 16 1,200.80 75.05 .002 80.05 .16 162 12.49 893 11,151.70 .116 68.84 PATHOLOGY 1.45 93 135 79.06 .018 114.77 RADIOLOGY 10,673.75 77 110 5,236.53 47.60 ROOM USE .014 68.01 .68 260 981 18.22 68.76 CROSSOVERS/ALL OTH OUTPINT 17,876.97 .127 2.32 0 0 .00 .00 \$ @STATE HOSPITAL .00 .000 \$.00 .00 .00 MENTALLY ILL .00 .000 .00 0 0 DEVELOP. DISABLED 0 64**,**873 .00 .00 .000 .00 .00 2,272 6,875,075.89 105.98 8.420 \$ 3026.00 \$ @NURSING FACILITY LEV A-INTERMEDIATE 0 0 .00 .00 .000 .00 .00 3 295 0 0 64,395 379 361 70.56 2152.22 LEV B-REHAB MD 12,913.31 .024 1.68 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING 547.05 32275.70 LEV B-SUBACUTE HSPTL BASED 161,378.51 .038 20.94 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .000 .00 .00 2,263 6,700,784.07 8.358 104.06 2961.02 869.67 LEV B-REGULAR 13 59,638.18 157.36 @INTERMEDIATE CARE FACIL.-DD .049 \$ 4587.55 \$ 7.74 12 148.63 ICF DDH 53,655.17 .047 4471.26 6.96 0 0 .00 .000 .00 ICF DD .00 ICF DDN/DDCN 1 18 5,983.01 332.39 .002 5983.01 30 600 34,592.05 57.65 .078 \$ 1153.07 \$ @HEMODIALYSIS TOTAL .00 HOSPITAL BASED 0 0 .00 .00 .000 30 600 34,592.05 57.65 .078 1153.07 HEMODIALYSIS CENTER 4.49 0 .00 . 00 .000 \$.00 \$. 00 @REHABILITATION FACILITY .00 0 .00 .00 .00 HOSPITAL BASED .000 .00 .00 INDEPENDENT FACILITY 0 .00 .000 .00 2,748.11 181 15.18 .023 \$ 41.02 \$. 36 @LABORATORY FACILITY 167 2,519.96 15.09 .022 44.21 PATHOLOGY 10 14 228.15 16.30 .002 22.82 XO AND OTHERS .03 @ORGANIZED OUTPATIENT CLINIC 1,363 2,434 184,412.62 75.77 .316 \$ 135.30 \$ 23.93 CLINIC 176.33 22.04 .001 44.08 .02

SURGICENTER 42 84 8,375.52 99.71 .011 199.42 1.09
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 1,328 2,342 175,860.77 75.09 .304 132.43 22.82
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,956
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

KINGS COUNTI	SUMMARI OF SERVI	ICES FOR MEDICA	או דידידע	EEDI - AGED				
						MO	NTHLY AVERA	AGE
7,705 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,035	14,912	\$	111,061.30	\$ 7.45	1.935	\$ 107.31	\$ 14.41
DURABLE MED. EQUIP.	51	162		21,596.06	133.31	.021	423.45	2.80
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	33	52		7,558.70	145.36	.007	229.05	.98
MEDICAL TRANSPORTATION	403	7,919		39,712.68	5.01	1.028	98.54	5.15
AMBULANCES/AIR TRANS	99	731		13,881.70	18.99	.095	140.22	1.80
OTHER TRANS	265	6 , 787		22,911.34	3.38	.881	86.46	2.97
OTHER SERVICES	76	401		2,919.64	7.28	.052	38.42	.38
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	7		497.50	71.07	.001	497.50	.06
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	23		2,597.06	112.92	.003	324.63	.34
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	151	328		3,987.87	12.16	.043	26.41	.52
PHYSICAL THERAPIST	1	13		174.48	13.42	.002	174.48	.02
PORTABLE X-RAY	26	56		66.12	1.18	.007	2.54	.01
PROSTHETIST/ORTHOTISTS	9	15		461.40	30.76	.002	51.27	.06
PROSTHETICS	5	9		212.76	23.64	.001	42.55	.03
ORTHOTICS	4	6		248.64	41.44	.001	62.16	.03
PSYCHOLOGIST	9	11		346.09	31.46	.001	38.45	.04
SPEECH AND AUDIOLOGY	29	54		7,153.87	132.48	.007	246.69	.93
HOSPICE SERVICES	6	115		10,708.21	93.11	.015	1784.70	1.39
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	387	6,157		16,201.26	2.63	.799	41.86	2.10
@CALIF. CHILDREN SERVICES*	1	2	\$	795.63	\$ 397.82	.000	\$ 795.63	\$.10
@XOVER EXCLUDING STATE HOSP**	2,021	17,126	\$	406,428.34	\$ 23.73	2.223	\$ 201.10	\$ 52.75
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	ATE INFORMATION	ITEM (ONLY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

KINGS COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,957 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

							MON	ITHLY AVERA	GΕ	
24 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	21		583	\$	51,969.84	\$ 89.14	24.292 \$	2474.75	\$	2165.41
@PHYSICIANS SERVICES	6		6	\$	316.75	\$ 52.79	.250 \$	52.79	\$	13.20
OUTPATIENT VISITS	2		2		48.00	24.00	.083	24.00		2.00
OFFICE VISITS	2		2		48.00	24.00	.083	24.00		2.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00	
INPATIENT HOSPITAL SURGERY	1	1		210.53	21	0.53	.042	2	210.53		8.77	
PRINCIPAL SURGEON	_ 1	_ 1		210.53		0.53	.042		210.53		8.77	
ASSISTANT SURGEON	0	0		.00		.00	.000	-	.00		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00	
DIALYSIS	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	0	0		.00		.00	.000		.00		.00	
	0	0		.00		.00	.000		.00		.00	
RADIOLOGY	0	0		.00		.00	.000		.00		.00	
PSYCHIATRY	0	0							.00		.00	
IMMUNIZATION AND INJECTION	3	3		.00	1	.00	.000					
OTHER SERVICES/ALL X-OVERS	18	107	Ċ	58.22		9.41	.125		19.41	ċ	2.43 255.20	
@PHARMACY	18		\$	6,124.85 5,964.11		7.24	4.458		340.27	Ą	248.50	
PRESCRIPTION DRUGS		93				4.13	3.875		331.34			
SNF/ICF	13	79		5,807.53		3.51	3.292	4	146.73		241.98	
OUTPATIENTS	5	14		156.58		1.18	.583		31.32		6.52	
MEDICAL SUPPLIES	3	14		160.74		1.48	.583		53.58		6.70	
@DENTIST	1	2	\$	75.00		7.50	.083	Ş	75.00	Ş	3.13	
VISITS - DIAGNOSTIC	1	2		75.00	3	7.50	.083		75.00		3.13	
ORAL SURGERY	0	0		.00		.00	.000		.00		.00	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	0	0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV			RES M	IONTH-OF-PAYMENT RI	EPORT FO	R JAN 2	2004 THRU	DEC 20	004	P	AGE 4,958	
MOP024	FEE-FOR-SERVICE	I/DENTAL									03/14/05	
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LLY N	EEDY - BLIND								
							M			-		
24 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER	
		OR DAYS OF CARE	C		PER UN	IT/DAY	PER ELIG	J	JSER		ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00		.00	.000		.00		.00	
OTHER SERVICES												
OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
@PODIATRIST	0	0	\$		\$			\$		\$.00	

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	23 \$	1,497.26	\$ 65.10	.958 \$	748.63	
-	0	•					
NURSE ANESTHESIST		· ·	.00	\$.00	.000 \$		
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	2	4 \$	48.28	\$ 12.07	.167 \$	24.14	\$ 2.01
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	4	48.28	12.07	.167	24.14	2.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	48.28	12.07	.167	24.14	2.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00		.00	
	0				.000		.00
NON-HSC HOSPITALS TOTAL		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES M					
			ONIH-OF-PAIMENI RE	PORT FOR JAN .	ZUU4 IRKU DEC	2004	PAGE 4,959
MOP024	FEE-FOR-SERVICE						03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY N	EEDA - BLIND				
					MON7		
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4 \$	48.28	\$ 12.07	.167 \$		\$ 2.01
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	· ·	ŭ	. 3 0	• • •		• • • •	• • • •

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4	48.28	12.07	.167	24.14	2.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	48.28	12.07	.167	24.14	2.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	357	\$ 36,655.09	\$ 102.68	14.875	\$ 3054.59	\$ 1527.30
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	357	36,655.09	102.68	14.875	3054.59	1527.30
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00)	.00
@LABORATORY FACILITY	1	2 \$	12.55	\$	6.28	.083	\$ 12.5	5 \$.52
PATHOLOGY	1	2	12.55		6.28	.083	12.5	5	.52
XO AND OTHERS	0	0	.00		.00	.000	.00)	.00
@ORGANIZED OUTPATIENT CLINIC	5	7 \$	575.35	\$	82.19	.292	\$ 115.0	7 \$	23.97
CLINIC	2	3	32.47		10.82	.125	16.2	1	1.35
SURGICENTER	0	0	.00		.00	.000	.00)	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00)	.00
RURAL HEALTH CLINIC	3	4	542.88		135.72	.167	180.9	5	22.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND) EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC 2004	Ε	PAGE 4,960
MOP024	FEE-FOR-SERVICE/DENTA	AL.							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES E	OR MEDICALLY	NEEDY - BLIND						
						N	MONTHLY AVE	RAGE	

					MON	ILLI AVEVA	GE
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	75 \$	6,664.71	\$ 88.86	3.125 \$	1332.94	\$ 277.70
DURABLE MED. EQUIP.	1	1	98.67	98.67	.042	98.67	4.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	21	109.05	5.19	.875	54.53	4.54
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	21	109.05	5.19	.875	54.53	4.54
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	53	6,456.99	121.83	2.208	3228.50	269.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	2 \$	114.91	\$ 57.46	.083 \$	28.73	\$ 4.79

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,961
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MO	NTHLY AVERA	GE	
3,002 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVER/	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	₹.		PER U	NIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,308	91,531	\$	5,118,293.53	\$	55.92	30.490	\$ 1547.25	\$	1704.96
@PHYSICIANS SERVICES	802	5,147	\$	171,225.56	\$	33.27	1.715	\$ 213.50	\$	57.04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	177	279		14,738.35	52.83	.093	83.2	7	4.91
OFFICE VISITS	79	108		3,283.49	30.40	.036	41.5	6	1.09
HOME VISITS	0	0		.00	.00	.000	.0	0	.00
EMERGENCY ROOM	93	153		11,011.93	71.97	.051	118.4	1	3.67
PREVENTIVE CARE	0	0		.00	.00	.000	.0	0	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.0		.00
OTHER OUTPATIENT	15	18		442.93	24.61	.006	29.5		.15
INPATIENT VISITS	84	549		24,470.63	44.57	.183	291.3		8.15
HOSPITAL VISITS	73	444		20,108.54	45.29	.148	275.4		6.70
CRITICAL CARE	1	1		121.60	121.60	.000	121.6		.04
SNF/ICF/TRANS IP CARE	17	104		4,240.49	40.77	.035	249.4		1.41
OPHTHALMOLOGICAL SERVICES	19	22		925.01	42.05	.007	48.6		.31
	19	22		925.01					
EXAMINATIONS	19	0			42.05	.007	48.6		.31
SERVICES AND MATERIALS	-			.00	.00	.000	.0		.00
INPATIENT HOSPITAL SURGERY	31	211		24,607.95	116.63	.070	793.8		8.20
PRINCIPAL SURGEON	25	46		20,823.05	452.68	.015	832.9		6.94
ASSISTANT SURGEON	1	1		162.14	162.14	.000	162.1		.05
ANESTHESIOLOGIST	10	164		3,622.76	22.09	.055	362.2		1.21
OUTPATIENT SURGERY	39	168		17,533.26	104.36	.056	449.5		5.84
PRINCIPAL SURGEON	32	43		14,861.52	345.62	.014	464.4		4.95
ASSISTANT SURGEON	0	0		.00	.00	.000	.0	0	.00
ANESTHESIOLOGIST	13	125		2,671.74	21.37	.042	205.5	2	.89
DIALYSIS	11	66		3,742.02	56.70	.022	340.1	8	1.25
PATHOLOGY	39	110		2,262.12	20.56	.037	58.0	0	.75
RADIOLOGY	136	333		11,617.65	34.89	.111	85.4	2	3.87
PSYCHIATRY	1	1		31.08	31.08	.000	31.0	8	.01
IMMUNIZATION AND INJECTION	25	1,193		41,436.86	34.73	.397	1657.4	7	13.80
OTHER SERVICES/ALL X-OVERS	533	2,215		29,860.63	13.48	.738	56.0	2	9.95
@PHARMACY	2,497	41,592	\$	1,222,866.50	\$ 29.40	13.855	\$ 489.7	3 \$	407.35
PRESCRIPTION DRUGS	2,431	12,402		1,188,561.18	95.84	4.131	488.9	2	395.92
SNF/ICF	488	3,435		300,925.89	87.61	1.144	616.6		100.24
OUTPATIENTS	1,960	8,967		887,635.29	98.99	2.987	452.8		295.68
MEDICAL SUPPLIES	320	29,190		34,305.32	1.18	9.724	107.2		11.43
@DENTIST	207	1,210	\$	41,962.43	\$ 34.68	.403			
VISITS - DIAGNOSTIC	148	767	т	7,767.40	10.13	.255	52.4		2.59
ORAL SURGERY	46	155		7,691.60	49.62	.052	167.2		2.56
DRUGS	1	3		45.00	15.00	.001	45.0		.01
ANESTHESIA	4	5		500.00	100.00	.002	125.0		.17
PERIODONTICS	26	32		2,990.00	93.44	.011	115.0		1.00
ENDODONTICS	14	22		5,130.00	233.18	.007	366.4		1.71
RESTORATIVE DENTISTRY	45	120		8,285.58	69.05	.040	184.1		2.76
PROSTHETICS	0	0		·	.00	.000	.0		.00
DENTURES, STAYPLATES	25	88		.00 8,362.00	95.02	.029	334.4		2.79
•	0			-					
SPACE MAINTAINERS	•	0		.00	.00	.000	.0		.00
MAXILLOFACIAL SERVICES	12	12		1,190.85	99.24	.004	99.2		.40
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.0		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.0		.00
ALL OTHER SERVICES	9	6		.00	.00	.002	.0		.00
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU	DEC 2004		PAGE 4,962
MOP024	FEE-FOR-SERVICE								03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	LLY 1	NEEDY - DISABLED					
							ONTHLY AVE		
3,002 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			R	COST PER
		OR DAYS OF CAR			PER UNIT/DAY				ELIGIBLE
@OPTOMETRIST	92	281	\$	5,752.69	\$ 20.47	.094			
DIAGNOSTIC AND ANC. PROCED	28	33		1,301.88	39.45	.011	46.5	0	.43

EYE APPLIANCES	78	231		3,799.23		16.45	.077		48.71		1.27
OTHER OPTOMETRIC SERVICES	12	17		651.58		38.33	.006		54.30		.22
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	10	\$	145.84	\$	14.58	.003	\$	14.58	\$.05
MEDICINE/INJECTIONS	1	1		57.20		57.20	.000		57.20		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	9	9		88.64		9.85	.003		9.85		.03
@HOME HEALTH AGENCY	27	2,000	\$	64,739.68	\$	32.37	.666			Ś	21.57
NURSE ANESTHESIST	1	42	\$	521.47	\$	12.42	.014		521.47		.17
NURSE MIDWIFE	0	0	¢	.00	Ċ	.00	.000			\$.00
	· ·		۶ \$		ې د						
PEDIATRIC NURSE PRACTITIONER	<u>-</u>	0		.00	ې د	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	۶	.00	.000		.00		.00
@TOTAL HOSPITAL	378	2,310	\$	734,319.13	\$	317.89	.769		1942.64	\$	244.61
HOSP INPATIENT TOTAL	89	480		695,671.56		1449.32	.160		7816.53		231.74
HSC HOSPITALS	8	83		172,744.00		2081.25	.028		21593.00		57.54
NON-HSC HOSPITAL TOTAL	45	397		495 , 774.50		1248.80	.132		11017.21		165.15
ACCOMMODATIONS	45	397		184,240.77		464.08	.132		4094.24		61.37
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	45	397		184,240.77		464.08	.132		4094.24		61.37
ANCILLARIES	45	0		311,533.73		.00	.000		6922.97		103.78
INPATIENT CROSSOVERS	36	0		27,153.06		.00	.000		754.25		9.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	305	1,830		38,647.57		21.12	.610		126.71		12.87
MEDICAL	76	151		5,183.55		34.33	.050		68.20		1.73
SURGERY	13	16		861.12		53.82	.005		66.24		.29
PATHOLOGY	127	716		8,565.18		11.96	.239		67.44		2.85
RADIOLOGY	78	105		8,738.62		83.22	.035		112.03		2.91
ROOM USE	91	162		6,304.02		38.91	.054		69.27		2.10
CROSSOVERS/ALL OTH OUTPTNT		680		8,995.08		13.23	.227		53.23		3.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	0	U		.00		.00	.000		.00		.00
RADIOLOGY	U	Ü		.00		.00	.000		.00		.00
ROOM USE	U	Û		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES M	MONTH-OF-PAYMENT RE	PORT	r for Jan 2004	THRU	DEC	2004	PA	AGE 4,963
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO	R MEDICA	ALLY N	NEEDY - DISABLED							
							1	TIMOM	HILY AVERA	CF -	

		OR DAYS OF CARE	7		DFI	R UNIT/DAY	DED ETTO		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	378	2,310	\$	734,319.13	\$	317.89			1942.64		244.61
COMM HOSP INPATIENT TOTAL	89	480	7	695,671.56	-	1449.32	.160	7	7816.53	4	231.74
HSC HOSPITALS	8	83		172,744.00		2081.25	.028		21593.00		57.54
NON-HSC HOSPITALS TOTAL	45	397		495,774.50		1248.80	.132		11017.21		165.15
ACCOMMODATIONS	45	397		184,240.77		464.08	.132		4094.24		61.37
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	45	397		184,240.77		464.08	.132		4094.24		61.37
ANCILLARIES	45	0		311,533.73		.00	.000		6922.97		103.78
INPATIENT CROSSOVERS	36	0		27,153.06		.00	.000		754.25		9.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	305	1,830		38,647.57		21.12	.610		126.71		12.87
MEDICAL	76	151		5,183.55		34.33	.050		68.20		1.73
SURGERY	13	16		861.12		53.82	.005		66.24		.29
PATHOLOGY	127	716		8,565.18		11.96	.239		67.44		2.85
RADIOLOGY	78	105		8,738.62		83.22	.035		112.03		2.91
ROOM USE	91	162		6,304.02		38.91	.054		69.27		2.10
CROSSOVERS/ALL OTH OUTPTNT		680		8,995.08		13.23	.227		53.23		3.00
@STATE HOSPITAL	12	366	\$	182,573.20	\$	498.83		\$	15214.43	\$	60.82
MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	0 12	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	366	ċ	182,573.20	Ċ	498.83	.122		15214.43 4091.61	ċ	60.82
	285 0	8 , 333	\$	1,166,109.68	Ş	139.94		Þ		Ş	388.44
LEV A-INTERMEDIATE LEV B-REHAB MD	10	335		.00 36,119.20		.00 107.82	.000 .112		.00 3611.92		.00 12.03
LEV B-KERAG MD LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	14	538		324,713.81		603.56	.179		23193.84		108.17
LEV B-TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
LEV B-REGULAR	265 226	7,460		805,276.67		107.95	2.485		3038.78		268.25
@INTERMEDIATE CARE FACILDD	226	6 , 765	\$	1,044,610.34		154.41		Ś	4622.17	Ś	
ICF DDH	202	6,065	7	907,030.00	-	149.55	2.020	7	4490.25	4	302.14
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	24	700		137,580.34		196.54	.233		5732.51		45.83
@HEMODIALYSIS TOTAL	73	865	\$	65,422.97	\$	75.63	.288	\$	896.21	\$	21.79
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	73	865		65 , 422.97		75.63	.288		896.21		21.79
@REHABILITATION FACILITY	1	33	\$	900.40	\$.011	\$		\$.30
HOSPITAL BASED		33		900.40		27.28	.011		900.40		.30
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	49	172	\$	2,767.65	\$	16.09	.057	\$		\$.92
PATHOLOGY	45	166		2,693.39		16.23	.055		59.85		.90
XO AND OTHERS	5	6		74.26		12.38	.002		14.85		.02
@ORGANIZED OUTPATIENT CLINIC	984	2,160	\$	215,751.71	\$	99.89	.720	Ş	219.26	Ş	71.87
CLINIC	2	4		91.98		23.00	.001		45.99		.03
SURGICENTER	40 1	114		7,031.44		61.68	.038		175.79		2.34
HEROIN DETOX CLINIC		23		213.69 208,414.60		9.29	.008		213.69		.07
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV				ZU8,414.60 MONTH-OF-PAYMENT RI							AGE 4,964
MOP024	FEE-FOR-SERVICE		KES I	MONTH-OF-PAIMENT R.	EPOR.	I FOR JAN 2	2004 IHRU	DEC	2004	P	03/14/05
KINGS COUNTY		ICES FOR MEDICAL	T.V.1.	JEEDY - DISABLED							03/14/03
KINGS COOKII	DOIMMING OF DELIVE	TODO TON THEFTON	1111				M	TMOI	HIY AVERA	GE	
3,002 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVI	ERAGE COST					COST PER
,		OR DAYS OF CARE		. = 4		R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	472			198,624.28		9.81			420.81		
DURABLE MED. EQUIP.	59	234	-	29,232.81		124.93		-	495.47		9.74
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	12	29	2,285.35	78.81	.010	190.45	.76
MEDICAL TRANSPORTATION	129	8 , 928	29,056.98	3.25	2.974	225.25	9.68
AMBULANCES/AIR TRANS	47	1,102	9,837.25	8.93	.367	209.30	3.28
OTHER TRANS	54	7,632	17,945.53	2.35	2.542	332.32	5.98
OTHER SERVICES	37	194	1,274.20	6.57	.065	34.44	.42
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	74	5,169.80	69.86	.025	1292.45	1.72
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	11	1,612.00	146.55	.004	322.40	.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	82	175	1,901.93	10.87	.058	23.19	.63
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	42.31	6.04	.002	10.58	.01
PROSTHETIST/ORTHOTISTS	8	16	719.41	44.96	.005	89.93	.24
PROSTHETICS	7	14	719.41	51.39	.005	102.77	.24
ORTHOTICS	1	2	.00	.00	.001	.00	.00
PSYCHOLOGIST	1	1	31.08	31.08	.000	31.08	.01
SPEECH AND AUDIOLOGY	26	60	4,314.42	71.91	.020	165.94	1.44
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	39	341	3,181.43	9.33	.114	81.58	1.06
EPSDT SUPPLEMENTAL SERVICE	8	4,229	109,032.50	25.78	1.409	13629.06	36.32
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	133	6,140	12,044.26	1.96	2.045	90.56	4.01
@CALIF. CHILDREN SERVICES*	10	326	\$ 171,609.62	\$ 526.41	.109	\$ 17160.96	\$ 57.17
@XOVER EXCLUDING STATE HOSP**	701	4,391	\$ 129,652.53	\$ 29.53	1.463	\$ 184.95	\$ 43.19

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,965 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

					MON	THLY AVERAG	E
166,891 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	78,903 19,018 11,969	409,478 \$	25,947,690.36	\$ 63.37	2.454 \$		
@PHYSICIANS SERVICES	19,018	58 , 809 \$	2,334,010.12	\$ 39.69	.352 \$	122.73	\$ 13.99
OUTPATIENT VISITS	11,969	18 , 915	785,096.38	41.51	.113	65.59	4.70
OFFICE VISITS	4,686	6 , 069	181,719.55	29.94	.036	38.78	1.09
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	5 , 937	6 , 796	397,420.40	58.48	.041	66.94	2.38
PREVENTIVE CARE	7	7	213.39	30.48	.000	30.48	.00
OB VISITS/COMPRE PERI	1,443	5,544	190,231.29	34.31	.033	131.83	1.14
OTHER OUTPATIENT	438	498	15,486.55	31.10	.003	35.36	.09
INPATIENT VISITS	438 943	2,782	193,433.21	69.53	.017	205.13	1.16
HOSPITAL VISITS	881	2,117	102,655.85	48.49	.013	116.52	.62
CRITICAL CARE	87	662	90,636.11	136.91	.004	1041.79	.54
SNF/ICF/TRANS IP CARE	2	3	141.25	47.08	.000	70.63	.00
OPHTHALMOLOGICAL SERVICES	103	127	5,367.74	42.27	.001	52.11	.03
EXAMINATIONS	103	127	5,367.74	42.27	.001	52.11	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,149	4,790	549,186.29	114.65	.029	477.97	3.29
PRINCIPAL SURGEON	808	932	457,185.59	490.54	.006	565.82	2.74
ASSISTANT SURGEON	149	150	29,285.78	195.24	.001	196.55	.18
ANESTHESIOLOGIST	328	3,708	62,714.92	16.91	.022	191.20	.38
OUTPATIENT SURGERY	1,351	3,524	206,263.05	58.53	.021	152.67	1.24
PRINCIPAL SURGEON	328 1,351 1,145	1,359	171,052.95	125.87	.008	149.39	1.02
ASSISTANT SURGEON	1	1	101.27		.000	101.27	.00
ANESTHESIOLOGIST	331	2,164	35,108.83	101.27 16.22	.013	106.07	.21
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	20	66	6,107.66	92.54	.000	305.38	.04
PATHOLOGY	1,904	2,878	51,341.82	17.84	.017	26.97	.31
RADIOLOGY	1,904 5,326	8,244	250,169.97	30.35	.049	46.97	1.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	433 3 , 736	3,003	115,518.27	38.47	.018	266.79	.69
OTHER CERTIFORCIATE V_OTERC	3,736	14,480	171,525.73	11.85	.087	45.91	1.03
@PHARMACY	37,682 37,133 13 37,121	129,477 \$	4,744,217.87		.776 \$	125.90	\$ 28.43
PRESCRIPTION DRUGS	37,133	95,749	4,597,365.35	48.01	.574	123.81	27.55
SNF/ICF	13	201	8,961.48	44.58	.001	689.34	.05
OUTPATIENTS	37,121	95 , 548	4,588,403.87	48.02	.573	123.61	27.49
MEDICAL SUPPLIES	1,874	33,728	146,852.52	4.35	.202	78.36	.88
@DENTIST	6,373	38,697 \$	1,105,264.48	\$ 28.56	.232 \$	173.43	\$ 6.62
VISITS - DIAGNOSTIC	37,121 1,874 6,373 4,944	27,605	337,022.70	12.21	.165	68.17	2.02
ORAL SURGERY	924	2,016	127,329.00	63.16	.012	137.80	.76
DRUGS	39	49	691.00	14.10	.000	17.72	.00
ANESTHESIA	135 328	135	13,000.00	96.30	.001	96.30	.08
PERIODONTICS	328	349	34,938.10	100.11	.002	106.52	.21
ENDODONTICS	5.62	923	140,069.49	151.75	.006	249.23	.84
RESTORATIVE DENTISTRY	2,013	6,419	358,643.32	55.87	.038	178.16	2.15
PROSTHETICS	38	41	940.00	22.93	.000	24.74	.01
DENTURES, STAYPLATES	75	347	28,337.80	81.67	.002	377.84	.17
CDACE MATNEAUTHEDO	75 55	70	7,139.00	101.99	.000	129.80	.04
MAXILLOFACIAL SERVICES	198	204	21,957.54	107.64	.001	110.90	.13
FRACTURES, DISLOCATIONS	1	1	625.53	625.53	.000	625.53	.00
ORTHODONTIC SERVICES	327	390	33,270.00	85.31	.002	101.74	.20
ALL OTHER SERVICES	169	148	1,301.00	8.79	.001	7.70	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO				C 2004	PAGE 4,966
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03/14/05

KINGS COUNTY	SUMMARY OF SERV	VICES FOR MEDICALI	LY NE	EDY - FAMILIES			2.6	O 3 T ITT		с п	
166 001 BLIGTBIES	HORDO	INITES OF SERVICE			7. 7. 7		M			GE:	
166,891 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST R UNIT/DAY					COST PER
@OPTOMETRIST	2,206	OR DAYS OF CARE 6,991	\$	157,639.23	PE \$	22.55	.042		USER 71.46	Ċ	ELIGIBLE .94
-	1,857	2,011	Ş		Ą	41.18	.012	Ą	44.60	ې	.50
DIAGNOSTIC AND ANC. PROCED	1,744	4,942		82,815.87 74,094.43		14.99	.012		44.60		.44
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	28	4 , 942		74,094.43		19.18	.000		26.03		.00
@CHIROPRACTOR	9	11	\$	183.92	\$.000	ċ	20.44	Ċ	.00
VISITS	9	11	Ų	183.92	۲	16.72	.000	۲	20.44	۲	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	34	\$	1,584.70	\$	46.61	.000	ċ	72.03	ċ	.01
MEDICINE/INJECTIONS	13	15	Ų	488.48	۲	32.57	.000	۲	37.58	۲	.00
SURGERY/ANES.	3	4		696.03		174.01	.000		232.01		.00
RADIO./PATHOLOGY	7	11		190.30		17.30	.000		27.19		.00
OTHER	3	4		209.89		52.47	.000		69.96		.00
@HOME HEALTH AGENCY	174	468	Ċ	29,360.33	\$	62.74	.003	Ċ	168.74	Ċ	.18
NURSE ANESTHESIST	118	716	Š	13,614.16	\$	19.01	.003		115.37	\$.08
NURSE MIDWIFE	1	1	Š	8.08	\$	8.08		\$		\$.00
PEDIATRIC NURSE PRACTITIONER		0	Š		\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Š		\$.00	.000		.00		.00
@TOTAL HOSPITAL	13,113	55 , 975	Ś			144.27	.335		615.84		48.39
HOSP INPATIENT TOTAL	1,235	4,748	Ψ	6,716,959.59	Ψ.	1414.69	.028	Υ	5438.83	7	40.25
HSC HOSPITALS	268	1,422		2,425,116.40		1705.43	.009		9048.94		14.53
NON-HSC HOSPITAL TOTAL	982	3,326		4,289,215.19		1289.60	.020		4367.84		25.70
ACCOMMODATIONS	979	3,326		1,520,922.07		457.28	.020		1553.55		9.11
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	979	3,326		1,520,922.07		457.28	.020		1553.55		9.11
ANCILLARIES	982	0		2,768,293.12		.00	.000		2819.04		16.59
INPATIENT CROSSOVERS	3	0		2,628.00		.00	.000		876.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12,345	51,227		1,358,541.12		26.52	.307		110.05		8.14
MEDICAL	3,411	5 , 608		185,224.90		33.03	.034		54.30		1.11
SURGERY	1,228	1,376		58,908.52		42.81	.008		47.97		.35
PATHOLOGY	5,068	21,168		260,067.51		12.29	.127		51.32		1.56
RADIOLOGY	3,561	4,851		342,876.57		70.68	.029		96.29		2.05
ROOM USE	7,175	9,144		375 , 797 . 78		41.10	.055		52.38		2.25
CROSSOVERS/ALL OTH OUTPINT	4,219	9,080		135,665.84		14.94	.054		32.16		.81
@COUNTY HOSPITAL TOTAL	61	217	\$	54,133.51	\$	249.46	.001	\$	887.43	\$.32
CO HOSPITAL INPATIENT TOTAL	11	35		46,218.04		1320.52	.000		4201.64		.28
HSC HOSPITALS	11	35		46,218.04		1320.52	.000		4201.64		.28
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	55	182		7,915.47		43.49	.001		143.92		.05
MEDICAL	20	34		1,789.95		52.65	.000		89.50		.01
SURGERY	6	7		285.59		40.80	.000		47.60		.00
PATHOLOGY	16	45		577.08		12.82	.000		36.07		.00
RADIOLOGY	10	15		1,947.14		129.81	.000		194.71		.01
ROOM USE	38	54		2,292.44		42.45	.000		60.33		.01

03/14/05

| WATER | REPT | FIREARY | MEDIT | CALL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT BEFORE FOR AN 2004 TREE DC 2004 | PAGE 4,867 | MAYON | MONTHLY AVERAGE | MAYON | MA #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND ENTEROTISTS. IONIA 1

MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/0

KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES ------ MONTHLY AVERAGE ------#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,968 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

166,891 ELIGIBLES		NITS OF SERVI	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CA		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	8,122	41,635	\$ •	\$ 10.22	.249	•	·
DURABLE MED. EQUIP.	130	424	,	44.93			.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	65	3 , 627.69	55.81	.000	120.92	.02
MEDICAL TRANSPORTATION		18 , 926	153 , 019.96	8.09	.113	178.76	.92
AMBULANCES/AIR TRANS	852	18 , 186	144,049.61	7.92	.109	169.07	.86
OTHER TRANS	4	719	1,619.89	2.25	.004	404.97	.01
OTHER SERVICES	18	21	7,350.46	350.02	.000	408.36	.04
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	338	339	35,595.00	105.00	.002	105.31	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,588	3,368	32,918.38	9.77	.020	20.73	.20
PHYSICAL THERAPIST	25	245	3,600.97	14.70	.001	144.04	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	85	130	12,512.59	96.25	.001	147.21	.07
PROSTHETICS	85	130	12,512.59	96.25	.001	147.21	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	265.92	88.64	.000	265.92	.00
SPEECH AND AUDIOLOGY	66	109	5,821.56	53.41	.001	88.21	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,985	13,696	154,940.92	11.31	.082	31.08	.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	138	4,328	4,242.76		.026	30.74	.03
@CALIF. CHILDREN SERVICES*	526		1,556,074.15		.122		
@XOVER EXCLUDING STATE HOSP**		1,500	30,243.05		.009	•	•
0* TOTALS IN THESE LINES ARE GI		•	-				

----- MONTHLY AVERAGE -----

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,969
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

KINGS COONII	DOLLINICI OI DIII	VICED FOR THEFTON	TT T 111	101111				
						MOI	NTHLY AVERA	GE
177,622 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	89 , 510	651 , 067	\$	41,041,729.94	\$ 63.04	3.665	\$ 458.52	\$ 231.06
@PHYSICIANS SERVICES	21,114	70,356	\$	2,625,626.44	\$ 37.32	.396	\$ 124.35	\$ 14.78
OUTPATIENT VISITS	12,273	19,349		808,732.30	41.80	.109	65.90	4.55
OFFICE VISITS	4,827	6 , 249		187,802.99	30.05	.035	38.91	1.06
HOME VISITS	1	1		25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	6,090	7,021		414,315.27	59.01	.040	68.03	2.33
PREVENTIVE CARE	7	7		213.39	30.48	.000	30.48	.00
OB VISITS/COMPRE PERI	1,443	5 , 544		190,231.29	34.31	.031	131.83	1.07
OTHER OUTPATIENT	462	527		16,144.16	30.63	.003	34.94	.09
INPATIENT VISITS	1,086	3,501		224,653.58	64.17	.020	206.86	1.26
HOSPITAL VISITS	989	2,681		127,022.58	47.38	.015	128.44	.72
CRITICAL CARE	89	674		92,095.31	136.64	.004	1034.78	.52
SNF/ICF/TRANS IP CARE	44	146		5,535.69	37.92	.001	125.81	.03
OPHTHALMOLOGICAL SERVICES	135	161		6,714.96	41.71	.001	49.74	.04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	135	161	6,714.96	41.71	.001	49.74	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,204	5,185	587,528.65	113.31	.029	487.98	3.31
PRINCIPAL SURGEON	849	1,001	488,904.09	488.42	.006	575.86	2.75
ASSISTANT SURGEON	151	152	29,822.45	196.20	.001	197.50	.17
ANESTHESIOLOGIST	347	4,032	68,802.11	17.06	.023	198.28	.39
OUTPATIENT SURGERY	1,422	3,819	240,679.59	63.02	.022	169.25	1.36
PRINCIPAL SURGEON	1,201	1,436	201,060.83	140.01	.008	167.41	1.13
ASSISTANT SURGEON	2	2	324.65	162.33	.000	162.33	.00
ANESTHESIOLOGIST	353	2,381	39,294.11	16.50	.013	111.31	.22
DIALYSIS	44	183	13,787.53	75.34	.001	313.35	.08
PATHOLOGY	1,963	3,025	55,224.56	18.26	.017	28.13	.31
RADIOLOGY	5,606	8,914	272,348.19	30.55	.050	48.58	1.53
PSYCHIATRY	1	1	31.08	31.08	.000	31.08	.00
IMMUNIZATION AND INJECTION	460	4,200	156,979.70	37.38	.024	341.26	.88
OTHER SERVICES/ALL X-OVERS	5,318	22,018	258,946.30	11.76	.124	48.69	1.46
@PHARMACY	45,945	225 , 927	\$ 8,060,070.92	\$	1.272	\$ 175.43	\$ 45.38
PRESCRIPTION DRUGS	45,248	138,486	7,840,699.82	56.62	.780	173.28	44.14
SNF/ICF	2,580	18,959	1,264,097.98	66.68	.107	489.96	7.12
OUTPATIENTS	42,714	119,527	6,576,601.84	55.02	.673	153.97	37.03
MEDICAL SUPPLIES	2,647	87,441	219,371.10	2.51	.492	82.88	1.24
@DENTIST	6 , 971	41,616	\$ 1,212,957.98	\$ 29.15	.234	\$ 174.00	\$ 6.83
VISITS - DIAGNOSTIC	5 , 391	29 , 535	359,515.40	12.17	.166	66.69	2.02
ORAL SURGERY	1,029	2,354	144,028.05	61.18	.013	139.97	.81
DRUGS	40	52	736.00	14.15	.000	18.40	.00
ANESTHESIA	141	142	13,700.00	96.48	.001	97.16	.08
PERIODONTICS	366	394	39 , 152.60	99.37	.002	106.97	.22
ENDODONTICS	588	957	148,234.49	154.89	.005	252.10	.83
RESTORATIVE DENTISTRY	2,095	6,614	374,067.90	56.56	.037	178.55	2.11
PROSTHETICS	41	44	940.00	21.36	.000	22.93	.01
DENTURES, STAYPLATES	204	687	67,001.55	97.53	.004	328.44	.38
SPACE MAINTAINERS	55	70	7,139.00	101.99	.000	129.80	.04

MAXILLOFACIAL SERVICES	211	217	23,246.46	107.13	.001	110.17	.13
FRACTURES, DISLOCATIONS	1	1	625.53	625.53	.000	625.53	.00
ORTHODONTIC SERVICES	327	390	33,270.00	85.31	.002	101.74	.19
ALL OTHER SERVICES	182	159	1,301.00	8.18	.001	7.15	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 4,970
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL				

KINGS COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY NE	EEDY - TOTAL							
4== 600			_				Mo			GΕ	
177,622 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2,470	7 , 769	\$	173,477.58	\$.044	\$	70.23	\$.98
DIAGNOSTIC AND ANC. PROCED	1,935	2,098		86,389.39		41.18	.012		44.65		.49
EYE APPLIANCES	1,962	5 , 582		84,997.92		15.23	.031		43.32		.48
OTHER OPTOMETRIC SERVICES	64	89		2,090.27		23.49	.001		32.66		.01
@CHIROPRACTOR	9	11	\$	183.92	\$	16.72	.000	\$	20.44	\$.00
VISITS	9	11		183.92		16.72	.000		20.44		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	205	302	\$	2,541.93	\$	8.42	.002	\$	12.40	\$.01
MEDICINE/INJECTIONS	14	16		545.68		34.11	.000		38.98		.00
SURGERY/ANES.	3	4		696.03		174.01	.000		232.01		.00
RADIO./PATHOLOGY	7	11		190.30		17.30	.000		27.19		.00
OTHER	185	271		1,109.92		4.10	.002		6.00		.01
@HOME HEALTH AGENCY	209	2,559	Ś		\$	39.15	.014	Ś	479.40	Ś	.56
NURSE ANESTHESIST	209 121	766	Š		\$.004			\$.08
NURSE MIDWIFE	1	1	Š	8.08	\$	8.08	.000		8.08	\$.00
PEDIATRIC NURSE PRACTITIONER	0	^	\$		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	2	60,698	\$	124.59	\$.000		62.30		.00
@TOTAL HOSPITAL	14,034	60 609	\$	9,177,720.47			.342		653.96		51.67
HOSP INPATIENT TOTAL	1,443	5,385	Ÿ	7,728,700.13	۲	1435.23	.030	ې	5355.99	۲	43.51
HSC HOSPITALS	281	1,528		2,629,553.88		1720.91	.009		9357.84		14.80
		,		4,998,001.02		1295.83	.022				
NON-HSC HOSPITAL TOTAL	1,050	3,857							4760.00 1681.86		28.14 9.91
ACCOMMODATIONS	1,047 0	3 , 857 0		1,760,903.67		456.55	.022				
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE		0 3 , 857		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,047			1,760,903.67		456.55	.022		1681.86		9.91
ANCILLARIES	1,050	0		3,237,097.35		.00	.000		3082.95		18.22
INPATIENT CROSSOVERS	130	0		101,145.23		.00	.000		778.04		.57
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13,091	55,313		1,449,020.34		26.20	.311		110.69		8.16
MEDICAL	3,563	5,873		196,035.97		33.38	.033		55.02		1.10
SURGERY	1,256	1,408		60,970.44		43.30	.008		48.54		.34
PATHOLOGY	5,359	22,781		279,832.67		12.28	.128		52.22		1.58
RADIOLOGY	3,732	5 , 091		362,288.94		71.16	.029		97.08		2.04
ROOM USE	7,343	9,416		387,338.33		41.14	.053		52.75		2.18
CROSSOVERS/ALL OTH OUTPTNT		10,744		162,553.99		15.13	.060		34.97		.92
@COUNTY HOSPITAL TOTAL	62 11	220	\$		\$	246.13	.001	\$	873.38	\$.30
CO HOSPITAL INPATIENT TOTAL		35		46,218.04		1320.52	.000		4201.64		.26
HSC HOSPITALS	11	35		46,218.04		1320.52	.000		4201.64		.26
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	56	185	7,931.57	42.87	.001	141.64	.04
MEDICAL	20	34	1,789.95	52.65	.000	89.50	.01
SURGERY	6	7	285.59	40.80	.000	47.60	.00
PATHOLOGY	16	45	577.08	12.82	.000	36.07	.00
RADIOLOGY	10	15	1,947.14	129.81	.000	194.71	.01
ROOM USE	38	54	2,292.44	42.45	.000	60.33	.01
CROSSOVERS/ALL OTH OUTPINT	22	30	1,039.37	34.65	.000	47.24	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 4,971
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES E	FOR MEDICALLY	NEEDY - TOTAL				
					M	ONTHLY AVERAG	TE

						MC	ONTHLY AVERA	GΕ	
177,622 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,981	60,478	\$	9,123,570.86	\$ 150.86	.340	\$ 652.57	\$	51.37
COMM HOSP INPATIENT TOTAL	1,432	5,350		7,682,482.09	1435.98	.030	5364.86		43.25
HSC HOSPITALS	1,432 270	5,350 1,493		2,583,335.84	1435.98 1730.30	.008	9567.91		14.54
NON-HSC HOSPITALS TOTAL	1,050	3,857		4,998,001.02	1295.83	.022	4760.00		28.14
ACCOMMODATIONS	1,047	3,857		1,760,903.67	1295.83 456.55	.022	1681.86		9.91
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	5364.86 9567.91 4760.00 1681.86		.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00		.00
ALL OTHER ACCOM	1 047	3 857		1.760.903.67	456 55	.022	.00 1681.86		9.91
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	1,050	0		3.237.097.35	.00	.000	3082.95		18.22
INPATIENT CROSSOVERS	130	0		3,237,097.35 101,145.23	00	.000	3082.95 778.04		.57
ALL OTHER INPATTENT	130	0		101,113.23	00	000	770.01		.00
COMM HOSP OUTPATIENT TOTAL	13 042	55 128		1,441,088.77	26 14	310	110 50		8.11
MEDICAL	3 545	5,839		194,246.02	33 27	033	.00 110.50 54.79		1.09
SURGERY	1,250	1 401		60 684 85	43 32	.000	48 55		.34
PATHOLOGY	5,344	1,401 22,736		279 255 59	12 28	128	48.55 52.26		1.57
	3,344	5,076		101,143.23 .00 1,441,088.77 194,246.02 60,684.85 279,255.59 360,341.80	70 99	.029	52.26 96.79 52.68		2.03
ROOM USE	3,723 7,309	9,362		360,341.80 385,045.89	70.99 41.13	.053	96.79 52.68 34.90		2.17
CROSSOVERS/ALL OTH OUTPINT	1,309	10,714		161 514 62	15 00	.060	34.90		
@STATE HOSPITAL	4,020	366	\$	161,514.62 182,573.20 .00	10.00	.000	\$ 15214.43		1.03
MENTALLY ILL	12 0	0	Ą	102,373.20	.00	.002	.00		.00
MENIALLI ILL	1.2	366		102 573 20	498.83	.000	15214.43		1.03
DEVELOP. DISABLED @NURSING FACILITY	2 507	74 050	Ċ	182,573.20 8,322,786.20	490.03		\$ 3217.16	ċ	
UNURSING FACILITY	2,387	74,030	Ş	8,322,786.20	۶ 112.39	.41/	.00		.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0 16	0 518		.00 49,032.51	.00 94.66	.000	2064 53		.00
TEA B-KEHAR MD		218		49,032.51	94.66	.003	3064.53		
LEV B-SUBACUTE FREESTANDING	0	1,257 0 72,275 7,144		.00 722,568.60 .00 7,551,185.09 1,104,248.52	.00	.000	.00 21252.02		.00
LEV B-SUBACUTE HSPTL BASED	34	1,25/		122,568.60	5/4.84	.007			4.07
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
LEV B-REGULAR	2,543	12,215	_	7,551,185.09	104.48	.407			
@INTERMEDIATE CARE FACILDD	239	7,144	Ş	1,104,248.52	\$ 154.57	.040	\$ 4620.29		
ICF DDH	214	6,426 0 718 2,623		960,685.17	149.50	.036	4489.18		5.41
ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	25	718		143,563.35 173,047.93	199.95		5742.53		
@HEMODIALYSIS TOTAL	156	2,623	\$	173 , 047.93	\$ 65.97		\$ 1109.28		.97
HOSPITAL BASED	0	0		.00	.00		.00		.00
HEMODIALYSIS CENTER	156	2,623		173,047.93	65.97	.015			.97
@REHABILITATION FACILITY	50	194	\$	6 , 504.27			\$ 130.09	\$.04
HOSPITAL BASED	50	194		6,504.27	33.53	.001	130.09		.04
INDEPENDENT FACILITY	0	0		.00	.00	.000			.00
@LABORATORY FACILITY	5,410	14,665	\$	250,983.45	\$ 17.11	.083		\$	1.41
PATHOLOGY	5,386	14,629 36		249,825.03	17.08 32.18	.082	46.38		1.41
YO AND OTHERS	30			1,158,42	32.18	.000			.01
@ORGANIZED OUTPATIENT CLINIC	36,551	65,149	\$	8,892,370.58	\$ 136.49	.367	\$ 243.29	\$	50.06
CLINIC	800	2,653		52,525.64	19.80	.015	65.66		.30

66,676.99 41.16 SURGICENTER 354 1,620 .009 188.35 .38 .01 .001 HEROIN DETOX CLINIC 5 89 975.51 10.96 195.10 8,772,192.44 144.31 RURAL HEALTH CLINIC 35,650 60,787 .342 246.06 49.39 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 #CALIF DEPT OF HEALTH SERV PAGE 4,972 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MONIBULLY ALIEDACE

MONIMITY ATTENACE

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						MC	NTHLY AVERA	.GE -	
177,622 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	9,634	76,867	\$	741,988.69	\$ 9.65	.433	\$ 77.02	\$	4.18
DURABLE MED. EQUIP.	241	821		69,976.94	85.23	.005	290.36		.39
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	75	146		13,471.74	92.27	.001	179.62		.08
MEDICAL TRANSPORTATION	1,390	35 , 794		221,898.67	6.20	.202	159.64		1.25
AMBULANCES/AIR TRANS	998	20,019		167,768.56	8.38	.113	168.10		.94
OTHER TRANS	325	15 , 159		42,585.81	2.81	.085	131.03		.24
OTHER SERVICES	131	616		11,544.30	18.74	.003	88.12		.06
ACUPUNCTURE	1	2		43.25	21.63	.000	43.25		.00
ADULT DAY HEALTH CARE CTR	5	81			69.97	.000	1133.46		.03
GENETIC DISEASE TESTING	338	339		35,595.00	105.00	.002	105.31		.20
IHMC, MODEL-NF, NF, AIDS, MSSP	13	34			123.80	.000	323.77		.02
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	1,821	3,871		38,808.18	10.03	.022	21.31		.22
PHYSICAL THERAPIST	26	258		3,775.45	14.63	.001	145.21		.02
PORTABLE X-RAY	30	63		108.43	1.72	.000	3.61		.00
PROSTHETIST/ORTHOTISTS	102	161		13,693.40	85.05	.001	134.25		.08
PROSTHETICS	97	153		13,444.76	87.87	.001	138.61		.08
ORTHOTICS	5	8			31.08	.000	49.73		.00
PSYCHOLOGIST	11	15		643.09		.000	58.46		.00
SPEECH AND AUDIOLOGY	121	223		17,289.85	77.53	.001	142.89		.10
HOSPICE SERVICES	8	168		17,165.20	102.17	.001	2145.65		.10
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	5,024	14,037		158,122.35	11.26	.079	31.47		.89
EPSDT SUPPLEMENTAL SERVICE	8	4,229		109,032.50	25.78	.024	13629.06		.61
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	658	16,625		32,488.28			49.37		.18
@CALIF. CHILDREN SERVICES*	537	20,751	\$	1,728,479.40	\$ 83.30	.117	\$ 3218.77	\$	9.73
@XOVER EXCLUDING STATE HOSP**	2,886	23,019	\$.130	\$ 196.27	\$	3.19
0* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARA	TE INFORMATION :	ITEM C	NLY;					

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

KINGS COUNTY

PAGE 4,973 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

						MON	THLY AVERA	₇ 比
10,381 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,612	24,479	\$	1,495,333.28	\$ 61.09	2.358 \$	226.15	\$ 144.05
@PHYSICIANS SERVICES	1,267	2 , 886	\$	117,553.13	\$ 40.73	.278 \$	92.78	\$ 11.32
OUTPATIENT VISITS	893	1,391		56,958.73	40.95	.134	63.78	5.49
OFFICE VISITS	407	513		16,287.24	31.75	.049	40.02	1.57
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	391	441		25,961.42	58.87	.042	66.40	2.50
PREVENTIVE CARE	3	3		146.21	48.74	.000	48.74	.01
OB VISITS/COMPRE PERI	97	397		13,378.59	33.70	.038	137.92	1.29

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	34	37	1,185.27	32.03	.004	34.86	.11
INPATIENT VISITS	66	141	7,978.28		.014	120.88	.77
HOSPITAL VISITS	59	127	6,465.06		.012	109.58	.62
CRITICAL CARE	4	8	1,266.32	158.29	.001	316.58	.12
SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES	4	6	246.90	41.15	.001	61.73	.02
OPHTHALMOLOGICAL SERVICES	,	10	408.11	40.81	.001	58.30	.04
EXAMINATIONS	7	10	408.11	40.81	.001	58.30	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	46	150	21,873.96	145.83	.014	475.52	2.11
PRINCIPAL SURGEON	33	36	18,830.76	523.08	.003	570.63	1.81
ASSISTANT SURGEON	2	2	373.00	186.50	.000	186.50	.04
ANESTHESIOLOGIST	15	112	2,670.20	23.84	.011	178.01	.26
OUTPATIENT SURGERY	68	152	9,158.67	60.25	.015	134.69	.88
PRINCIPAL SURGEON	61	69	7,952.06	115.25	.007	130.36	.77
ASSISTANT SURGEON	0	0	.00		.000	.00	.00
ANESTHESIOLOGIST	0 9 0 99 304	83	1,206.61	14.54	.008	134.07	.12
DIALYSIS	0	0	.00		.000	.00	.00
PATHOLOGY	99	178	2,560.01		.017	25.86	.25
RADIOLOGY	304	424	10,512.87		.041	34.58	1.01
PSYCHIATRY	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION	17	19	787.70		.002	46.34	.08
OTHER SERVICES/ALL X-OVERS	197	421	7,314.80		.041	37.13	.70
@PHARMACY	2,703	6 , 800	\$ 249,559.49		.655		\$ 24.04
PRESCRIPTION DRUGS	2,668	6 , 186	244,352.02		.596	91.59	23.54
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	8	71	7,015.16		.007	876.90	.68
OUTPATIENTS	2,663	6,115	237,336.86	38.81	.589	89.12	22.86
MEDICAL SUPPLIES	108	614	5,207.47		.059	48.22	.50
@DENTIST	498	3 , 669	105,161.04		.353		
VISITS - DIAGNOSTIC	396	2 , 571	33,681.50		.248	85.05	3.24
ORAL SURGERY	74	182	13,493.00		.018	182.34	1.30
DRUGS	7	10	180.00		.001	25.71	.02
ANESTHESIA	16	16	1,700.00	106.25	.002	106.25	.16
PERIODONTICS	11	11	843.00		.001	76.64	.08
ENDODONTICS	34	80	9,190.00		.008	270.29	.89
RESTORATIVE DENTISTRY	163	722	39,028.00		.070	239.44	3.76
PROSTHETICS	1	1	30.00		.000	30.00	.00
DENTURES, STAYPLATES	1	7	288.00		.001	288.00	.03
SPACE MAINTAINERS	3	6	675.00		.001	225.00	.07
MAXILLOFACIAL SERVICES	15	21	2,257.54		.002	150.50	.22
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00	.00
ORTHODONTIC SERVICES	29	34	3,420.00		.003	117.93	.33
ALL OTHER SERVICES	11	8	375.00		.001	34.09	.04
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT FOR JAN 2	2004 THRU DE	EC 2004	PAGE 4,974
MOP024	FEE-FOR-SERVICE						03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MIC - NO	SOC 03 04 2A 45 4A	4K 4M 5K 7T 82			
10 201 =======							GE
10,381 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
0.0000000000000000000000000000000000000	1.60	OR DAYS OF CARE	10 000 00	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	169	553	12,233.08	\$ 22.12	.053 \$	72.39	\$ 1.18

6,668.17 .016 45.06 DIAGNOSTIC AND ANC. PROCED 148 166 40.17 .64 EYE APPLIANCES 138 386 5,553.50 14.39 .037 40.24 .53 11.41 OTHER OPTOMETRIC SERVICES 1 1 11.41 11.41 .000 .00 .00 \$ @CHIROPRACTOR 0 0 .00 .000 \$.00 \$.00 VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 48.00 24.00 \$ 2 @PODIATRIST 24.00 .000 \$.00

MEDICINE/INJECTIONS	2	2	48.00	24.00	.000	24.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	13	\$ 778.12	\$ 59.86	.001	\$ 97.27	\$.07
NURSE ANESTHESIST	4	34	\$ 806.35	\$ 23.72	.003	\$ 201.59	\$.08
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	827	3,162	\$ 373,556.20	\$ 118.14	.305	\$ 451.70	\$ 35.98
HOSP INPATIENT TOTAL	69	226	298,536.17	1320.96	.022	4326.61	28.76
HSC HOSPITALS	27	95	164,383.01	1730.35	.009	6088.26	15.83
NON-HSC HOSPITAL TOTAL	42	131	134,153.16	1024.07	.013	3194.12	12.92
ACCOMMODATIONS	42	131	60,176.01	459.36	.013	1432.76	5.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	131	60,176.01	459.36	.013	1432.76	5.80
ANCILLARIES	42	0	73,977.15	.00	.000	1761.36	7.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	782	2,936	75,020.03	25.55	.283	95.93	7.23
MEDICAL	196	297	9,850.33	33.17	.029	50.26	.95
SURGERY	76	87	2,778.24	31.93	.008	36.56	.27
PATHOLOGY	339	1,195	14,461.43	12.10	.115	42.66	1.39
RADIOLOGY	224	301	16,824.92	55.90	.029	75.11	1.62
ROOM USE	491	587	23,091.34	39.34	.057	47.03	2.22
CROSSOVERS/ALL OTH OUTPINT	255	469	8,013.77	17.09	.045	31.43	.77
@COUNTY HOSPITAL TOTAL	9	28	\$.,	\$.003	\$ 872.02	\$.76
CO HOSPITAL INPATIENT TOTAL	1	5	6,750.01	1350.00	.000	6750.01	.65
HSC HOSPITALS	1	5	6 , 750.01	1350.00	.000	6750.01	.65
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	9	23	1,098.14	47.75	.002	122.02	.11
MEDICAL	2	2	51.28	25.64	.000	25.64	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	118.84	29.71	.000	39.61	.01
RADIOLOGY	1	1	82.48	82.48	.000	82.48	.01
ROOM USE	5	5	179.39	35.88	.000	35.88	.02
CROSSOVERS/ALL OTH OUTPTNT	5	11	666.15	60.56	.001	133.23	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MO	NTH-OF-PAYMENT REPOR	RT FOR JAN 20	04 THRU DE	C 2004	PAGE 4,975
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR MIC - NO SO	C 03 04 2A 45 4A 4K 4	M 5K 7T 82 8	BE 8W		
				=	MON'	THLY AVERAC	SE
					,		

10,381 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAY				COST PER
OCCUMUNITARY HOODITARY MORAL	010	OR DAYS OF CARE	265 700 05		PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	818	3,134	\$ 365,708.05	\$ 116.69	.302	Þ	447.08	Þ	35.23
COMM HOSP INPATIENT TOTAL	68	221	291,786.16	1320.30	.021		4290.97		28.11
HSC HOSPITALS	26	90	157,633.00	1751.48	.009		6062.81		15.18
NON-HSC HOSPITALS TOTAL	42	131	134,153.16	1024.07	.013		3194.12		12.92
ACCOMMODATIONS	42 0	131	60,176.01	459.36	.013		1432.76		5.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
ALL OTHER ACCOM	42	131	,	459.36	.013		1432.76		5.80
ANCILLARIES	42	0	73,977.15	.00	.000		1761.36		7.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	773	2,913	73,921.89	25.38	.281		95.63		7.12
MEDICAL	194	295	9,799.05	33.22	.028		50.51		.94
SURGERY	76	87	2,778.24	31.93	.008		36.56		.27
PATHOLOGY	336	1,191	14,342.59	12.04	.115		42.69		1.38
RADIOLOGY	223	300	16,742.44	55.81	.029		75.08		1.61
ROOM USE	486	582	22,911.95	39.37	.056		47.14		2.21
CROSSOVERS/ALL OTH OUTPTNT	250	458	7,347.62	16.04	.044		29.39		.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
LEV B-REGULAR	0	0	.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00		.00
ICF DD	0	0	.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	5	\$ 727.03	\$ 145.41	.000	\$	727.03	\$.07
HOSPITAL BASED	0	0	.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	1	5	727.03	145.41	.000		727.03		.07
@REHABILITATION FACILITY	2	7	\$ 245.79	\$ 35.11	.001	\$	122.90	\$.02
HOSPITAL BASED	2	7	245.79	35.11	.001		122.90		.02

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	293	770	\$	12,684.62	\$	16.47	.074	\$	43.29	\$	1.22
PATHOLOGY	291	768		12,565.62		16.36	.074		43.18		1.21
XO AND OTHERS	2	2		119.00		59.50	.000		59.50		.01
@ORGANIZED OUTPATIENT CLINIC	3,019	4,737	\$	597,194.11	\$	126.07	.456	\$	197.81	\$	57.53
CLINIC	50	146		3,390.53		23.22	.014		67.81		.33
SURGICENTER	35	180		6,223.20		34.57	.017		177.81		.60
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,941	4,411		587,580.38		133.21	.425		199.79		56.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES M	MONTH-OF-PAYMENT F	REPORT	r for Jan	2004 THRU	DEC	2004	PA	GE 4,976
MOP024	FEE-FOR-SERVICE/DE	INTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERVICE	S FOR MIC - N	10 SC	OC 03 04 2A 45 4A	4K 41	M 5K 7T 82	8E 8W				
							N	TNON	HLY AVERAC	€E -	
10,381 ELIGIBLES	USERS UN	IITS OF SERVICE	C	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	ZS.	COST PER	С	OST PER
	C	OR DAYS OF CARE	C		PEI	R UNIT/DAY	PER ELIC	3	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	365	1.841	Ś	24.786.32	Ś	13.46	.177	Ś	67.91	Ś	2.39

					MC	NTHLY AVERA	GE
10,381 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	365	1,841 \$	24,786.32	\$ 13.46	.177	\$ 67.91	\$ 2.39
DURABLE MED. EQUIP.	9	10	754.84	75.48	.001	83.87	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	54	997	12,609.98	12.65	.096	233.52	1.21
AMBULANCES/AIR TRANS	54	993	8,990.22	9.05	.096	166.49	.87
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	3,619.76	904.94	.000	904.94	.35
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22	2,310.00	105.00	.002	105.00	.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	132	280	2,341.80	8.36	.027	17.74	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	10	807.25	80.73	.001	269.08	.08
SPEECH AND AUDIOLOGY	3	8	387.51	48.44	.001	129.17	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	136	501	5,433.86	10.85	.048	39.95	.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	13	141.08	10.85	.001	14.11	.01
@CALIF. CHILDREN SERVICES*	34	400 \$	87 , 878.28	\$ 219.70		\$ 2584.66	\$ 8.47
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,977 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

1121100 000111							0.0			
							MO	NTHLY AVERA	AGE	
154 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	264	1,532	\$	101,418.13	\$	66.20	9.948	\$ 384.16	\$	658.56
@PHYSICIANS SERVICES	109	318	\$	14,213.50	\$	44.70	2.065	\$ 130.40	\$	92.30

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	54	62		4,186.54	67.52	.403	77.53		27.19
OFFICE VISITS	3	4		131.28	32.82	.026	43.76		.85
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	47	48		3,603.49	75.07	.312	76.67		23.40
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	2	4		317.98	79.50	.026	158.99		2.06
OTHER OUTPATIENT	3	6		133.79	22.30	.039	44.60		.87
INPATIENT VISITS	13	28		1,239.42	44.27	.182	95.34		8.05
HOSPITAL VISITS	13	28		1,239.42	44.27	.182	95.34		8.05
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
	· ·	0							
SERVICES AND MATERIALS	0	-		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	13	64		2,817.87	44.03	.416	216.76		18.30
PRINCIPAL SURGEON	7	7		2,004.73	286.39	.045	286.39		13.02
ASSISTANT SURGEON	1	1		186.50	186.50	.006	186.50		1.21
ANESTHESIOLOGIST	5	56		626.64	11.19	.364	125.33		4.07
OUTPATIENT SURGERY	12	45		2 , 769.98	61.56	.292	230.83		17.99
PRINCIPAL SURGEON	9	10		2,165.32	216.53	.065	240.59		14.06
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	35		604.66	17.28	.227	201.55		3.93
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	5	6		228.92	38.15	.039	45.78		1.49
RADIOLOGY	33	84		2,510.55	29.89	.545	76.08		16.30
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	2		21.86	10.93	.013	10.93		.14
OTHER SERVICES/ALL X-OVERS	18	27		438.36	16.24	.175	24.35		2.85
@PHARMACY	56	157	\$	9,535.19	\$ 60.73	1.019		Ś	61.92
PRESCRIPTION DRUGS	54	143	Y	8,778.66	61.39	.929	162.57	Y	57.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
	54				61.39				
OUTPATIENTS		143		8,778.66		.929	162.57		57.00
MEDICAL SUPPLIES	6	14	<u>^</u>	756.53	54.04	.091	126.09	<u>^</u>	4.91
@DENTIST	18	92	\$	2,799.98	\$ 30.43	.597		\$	18.18
VISITS - DIAGNOSTIC	17	55		411.00	7.47	.357	24.18		2.67
ORAL SURGERY	3	6		167.98	28.00	.039	55.99		1.09
DRUGS	2	2		.00	.00	.013	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	2	5		1,301.00	260.20	.032	650.50		8.45
RESTORATIVE DENTISTRY	9	23		920.00	40.00	.149	102.22		5.97
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	Ö		.00	.00				.00
ALL OTHER SERVICES	1	1		.00	.00				.00
#CALIF DEPT OF HEALTH SERV			DEC						PAGE 4,978
MOP024	FEE-FOR-SERVICE/DENT		KES	MONIII OF FAIMENT N	CEFORT FOR OAN	2004 IIIKO DE	JC 2004		03/14/05
			000		ATD CODE	. 02			03/14/03
KINGS COUNTY	SUMMARY OF SERVICES	FOR MIC -	SUC		AID CODE				
15 / FITCIBLES	HOPPO	IC OF CERTIFO		ENDERDIEGO	ATTEDACE CCC	MON			
154 ELIGIBLES		'S OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
0.0000000000000000000000000000000000000		DAYS OF CAR		222	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	3	12	Ş		\$ 19.46			Ş	1.52
DIAGNOSTIC AND ANC. PROCED	3	3		116.12	38.71	.019	38.71		.75

	2	0		445 45		10.05	0.50	20.15		7.6
EYE APPLIANCES	3	9		117.45		13.05	.058	39.15		.76
OTHER OPTOMETRIC SERVICES		0	<u> </u>	.00	<u> </u>	.00	.000	.00	<u> </u>	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0	Ć	.00	Ċ	.00	.000	.00	Ċ	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0	<u> </u>	.00	<u>^</u>	.00	.000	.00	٨	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00
NURSE ANESTHESIST	2	20	\$	201.88	\$	10.09	.130	\$ 100.94	\$	1.31
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	83	485	\$	54,413.92	Ş	112.19	3.149			353.34
HOSP INPATIENT TOTAL	10	40		44,616.13		1115.40	.260	4461.61		289.72
HSC HOSPITALS	2	17		16,123.00		948.41	.110	8061.50		104.69
NON-HSC HOSPITAL TOTAL	8	23		28,493.13		1238.83	.149	3561.64		185.02
ACCOMMODATIONS	8	23		7,554.18		328.44	.149	944.27		49.05
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	8	23		7,554.18		328.44	.149	944.27		49.05
ANCILLARIES	8	0		20,938.95		.00	.000	2617.37		135.97
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	75	445		9,797.79		22.02	2.890	130.64		63.62
MEDICAL	31	51		1,151.67		22.58	.331	37.15		7.48
SURGERY	10	13		234.17		18.01	.084	23.42		1.52
PATHOLOGY	43	180		1,665.09		9.25	1.169	38.72		10.81
RADIOLOGY	30	43		3,720.52		86.52	.279	124.02		24.16
ROOM USE	55	68		1,934.31		28.45	.442	35.17		12.56
CROSSOVERS/ALL OTH OUTPTNT	40	90		1,092.03		12.13	.584	27.30		7.09
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
	MEDI-CAL SERVICES AND E	EXPENDITUE	RES MONT	H-OF-PAYMENT RI	EPORI	FOR JAN	2004 THRU I	DEC 2004		E 4,979
	FEE-FOR-SERVICE/DENTAL								(03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	R MIC - S	SOC			AID CODE	83			
								ONTHLY AVERAG	E	
15/ 5/ 5/ 5/ 5/	HOPPO HIMITTO	TE CEDITE	7	EADEMDILLIDEG	7\ \ 7.77.	DACE COCH	TINTEMO / DAVI	COCH DED	000	ממת חי

		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	485	\$	54,413.92	\$ 112.19	3.149	\$ 655.59	\$	353.34
COMM HOSP INPATIENT TOTAL	10	40		44,616.13	1115.40	.260	4461.61		289.72
HSC HOSPITALS	2	17		16,123.00	948.41	.110	8061.50		104.69
NON-HSC HOSPITALS TOTAL	8	23		28,493.13	1238.83	.149	3561.64		185.02
ACCOMMODATIONS	8	23		7,554.18	328.44	.149	944.27		49.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	23		7,554.18	328.44	.149	944.27		49.05
ANCILLARIES	8	0		20,938.95	.00	.000	2617.37		135.97
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	75	445		9,797.79	22.02	2.890	130.64		63.62
MEDICAL	31	51		1,151.67	22.58	.331	37.15		7.48
SURGERY	10	13		234.17	18.01	.084	23.42		1.52
PATHOLOGY	43	180		1,665.09	9.25	1.169	38.72		10.81
RADIOLOGY	30	43		3,720.52	86.52	.279	124.02		24.16
ROOM USE	55	68		1,934.31	28.45	.442	35.17		12.56
CROSSOVERS/ALL OTH OUTPTNT	40	90		1,092.03	12.13	.584	27.30		7.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	1	3 \$	27.45	\$	9.15	.019	\$ 27.45	\$.18
PATHOLOGY	1	3	27.45		9.15	.019	27.45		.18
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	61	111 \$	14,560.65	\$	131.18	.721	\$ 238.70	\$	94.55
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	61	111	14,560.65		131.18	.721	238.70		94.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	' FOR JAN 2	2004 THRU	DEC 2004	PA	GE 4,980
MOP024	FEE-FOR-SERVICE/DE	NTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	S FOR MIC - SOC			AID CODE	83			
						M	ONTHLY AVERA	AGE -	

AVERAGE COST UNITS/DAYS COST PER 154 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 24 334 5,431.99 16.26 2.169 \$ 226.33 \$ 35.27 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 16.80 MEDICAL TRANSPORTATION 12 307 5,158.95 1.994 429.91 33.50 12 306 3,358.95 10.98 279.91 AMBULANCES/AIR TRANS 1.987 21.81 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 1,800.00 1800.00 .006 1800.00 11.69 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 66.56 8.32 .052 OPTICIAN 16.64 .43 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 .00 PROSTHETICS .000 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .00 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES 19 206.48 10.87 .123 25.81 1.34 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* 41.91 41.91 41.91 \$.27 .006 \$.00 \$ @XOVER EXCLUDING STATE HOSP** .00 \$.00 .000 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MONT	HLY AVERA	GE
10,535 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,876 1,376 947	26,011 \$	1,596,751.41	\$ 61.39	2.469 \$	232.22	\$ 151.57
@PHYSICIANS SERVICES	1,376	3,204 \$	131,766.63	\$ 41.13	.304 \$	95.76	\$ 12.51
OUTPATIENT VISITS	947	1,453	61,145.27	42.08	.138	64.57	5.80
OFFICE VISITS	410	517	16,418.52	31.76	.049	40.05	1.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	438	489	29,564.91	60.46	.046	67.50	2.81
PREVENTIVE CARE	3	3	146.21	48.74	.000	48.74	.01
OB VISITS/COMPRE PERI	99	401	13,696.57	34.16	.038	138.35	1.30
OTHER OUTPATIENT	37	43	1,319.06	30.68	.004	35.65	.13
INPATIENT VISITS	79	169	9,217.70	54.54	.016	116.68	.87
HOSPITAL VISITS	72	155	7,704.48	49.71	.015	107.01	.73
CRITICAL CARE	4	8	1,266.32	158.29	.001	316.58	.12
SNF/ICF/TRANS IP CARE	4	6	246.90	41.15	.001	61.73	.02
OPHTHALMOLOGICAL SERVICES	7	10	408.11	40.81	.001	58.30	.04
EXAMINATIONS	7	10	408.11	40.81	.001	58.30	.04
SERVICES AND MATERIALS	0	0	0.0	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	59	214	24 - 691 83	115.38	.020	418.51	2.34
PRINCIPAL SURGEON	40	43	24,691.83 20,835.49	484.55	.004	520.89	1.98
ASSISTANT SURGEON	3	3	559.50	186.50	.000	186.50	.05
ANESTHESIOLOGIST	20	168	3,296.84	19.62	.016	164.84	.31
OUTPATIENT SURGERY	80	197	11,928.65	60.55	.019	149.11	1.13
PRINCIPAL SURGEON	70	79	10,117.38	128.07	.007	144.53	.96
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	118	1,811.27	15.35	.011	150.94	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	104	184	2,788.93	15.16	.017	26.82	.26
RADIOLOGY	337	508	13,023.42	25.64	.017	38.65	1.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	19	21	809.56	38.55	.002	42.61	.08
OTHER SERVICES/ALL X-OVERS	215	448	7,753.16	17.31	.043	36.06	.74
@PHARMACY	2 , 759	6 , 957 \$	259,094.68	\$ 37.24	.660 \$	93.91	
PRESCRIPTION DRUGS	2,722	6,329		40.00	.601	92.99	24.03
SNF/ICF	2,722	71	253,130.68 7,015.16	98.81	.007	876.90	.67
OUTPATIENTS	2 , 717	6 , 258	246,115.52	39.33	.594	90.58	23.36
	∠ , /⊥/	6,236	5,964.00	9.50	.060	52.32	.57
MEDICAL SUPPLIES @DENTIST	114 516	3,761 \$	107,961.02	\$ 28.71	.357 \$	209.23	
	413	2,626	· ·	12.98	.249	82.55	3.24
VISITS - DIAGNOSTIC		188	34,092.50		.018	177.42	1.30
ORAL SURGERY	77 9	12	13,660.98	72.66	.018		.02
DRUGS	16		180.00	15.00		20.00	
ANESTHESIA	16	16	1,700.00	106.25	.002	106.25	.16
PERIODONTICS	36	11	843.00	76.64	.001	76.64	.08
ENDODONTICS	36 172	85	10,491.00	123.42	.008	291.42	1.00
RESTORATIVE DENTISTRY		745	39,948.00	53.62	.071	232.26	3.79
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.001	288.00	.03
SPACE MAINTAINERS	3	6	675.00	112.50	.001	225.00	.06
MAXILLOFACIAL SERVICES	15	21	2,257.54	107.50	.002	150.50	.21
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	29	34	3,420.00	100.59	.003	117.93	.32
ALL OTHER SERVICES	12	9	375.00	41.67	.001	31.25	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	NIH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 4,982

03/14/05

FEE-FOR-SERVICE/DENTAL

KINGS COUNTY	SUMMARY OF SERV	JICES FOR MEDICAL	LY I	INDIGENT - CHILDREN	1 –	TOTAL	3.47	\ N.T.IT	1111 X 7 X X X X X X X X X X X X X X X X	CE	
10 F2F FITCIDIES	HCEDC	INTES OF SERVICE	,	EVDENDIMIDEC	71.7.7	EDACE COCH	MO			.GĽ	
10,535 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST R UNIT/DAY)			COST PER ELIGIBLE
@OPTOMETRIST	172	OR DAYS OF CARE 565	\$	12,466.65	\$	22.06	.054	ċ	USER 72.48	ċ	1.18
DIAGNOSTIC AND ANC. PROCED	151	169	Ą	6,784.29	Ą	40.14	.016	Ą	44.93	Ą	.64
EYE APPLIANCES	141	395		5,670.95		14.36	.010		44.93		.54
OTHER OPTOMETRIC SERVICES	141	1		11.41		11.41	.000		11.41		.00
	0	0	\$.00	\$.00		ċ	.00	\$.00
@CHIROPRACTOR	0	0	Ą	.00	Ą		.000	Ą	.00	Ą	
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2		Ċ		ċ	24.00		ċ		Ċ	
@PODIATRIST	2	2 2	\$	48.00	\$	24.00	.000	Ş	24.00 24.00	Ş	.00
MEDICINE/INJECTIONS	0			48.00			.000				.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0			.00		.00	.000		.00		.00
OTHER		0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@HOME HEALTH AGENCY	8 6	13	۶	778.12	\$	59.86		\$	97.27		.07
NURSE ANESTHESIST	•	54	Ş	1,008.23	\$	18.67		\$	168.04	\$.10
NURSE MIDWIFE	0	0	Ş	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	910	3,647	Ş	,	\$	117.35	.346	Ş	470.30	\$	40.62
HOSP INPATIENT TOTAL	79	266		343,152.30		1290.05	.025		4343.70		32.57
HSC HOSPITALS	29	112		180,506.01		1611.66	.011		6224.35		17.13
NON-HSC HOSPITAL TOTAL	50	154		162,646.29		1056.14	.015		3252.93		15.44
ACCOMMODATIONS	50	154		67,730.19		439.81	.015		1354.60		6.43
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	50	154		67,730.19		439.81	.015		1354.60		6.43
ANCILLARIES	50	0		94,916.10		.00	.000		1898.32		9.01
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	857	3,381		84,817.82		25.09	.321		98.97		8.05
MEDICAL	227	348		11,002.00		31.61	.033		48.47		1.04
SURGERY	86	100		3,012.41		30.12	.009		35.03		.29
PATHOLOGY	382	1,375		16,126.52		11.73	.131		42.22		1.53
RADIOLOGY	254	344		20,545.44		59.73	.033		80.89		1.95
ROOM USE	546	655		25,025.65		38.21	.062		45.83		2.38
CROSSOVERS/ALL OTH OUTPTNT	295	559		9,105.80		16.29	.053		30.87		.86
@COUNTY HOSPITAL TOTAL	9	28	\$	7,848.15	\$	280.29	.003	\$	872.02	\$.74
CO HOSPITAL INPATIENT TOTAL	1	5		6,750.01		1350.00	.000		6750.01		.64
HSC HOSPITALS	1	5		6,750.01		1350.00	.000		6750.01		.64
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	9	23		1,098.14		47.75	.002		122.02		.10
MEDICAL	2	2		51.28		25.64	.000		25.64		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	4		118.84		29.71	.000		39.61		.01
RADIOLOGY	1	1		82.48		82.48	.000		82.48		.01
ROOM USE	5	5		179.39		35.88	.000		35.88		.02

CROSSOVERS/ALL OTH OUTPTNT 5 11 666.15 60.56 .001 133.23 .06 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,983

THE FOR SERVICE /DENTAL

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

KINGS COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

KINGS COUNTI	SUMMARI OF SERVI	CES FOR MEDICALLI	INDIGENI - CHILDR	EN - IOIAL	14017		α -
10 F2F FITCIDIES	USERS	INTER OF CEDUTCE	EADENDIMIDE	AVERAGE COST	MONT		
10,535 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
ACOMMINITAL HOCDITAL HOMAL	901	OR DAYS OF CARE 3,619 \$	420 121 07	PER UNIT/DAY S 116.09		USER	ELIGIBLE \$ 39.88
@COMMUNITY HOSPITAL TOTAL	78	3,619 \$ 261	420,121.97 336,402.29		.344 \$.025	466.28 4312.85	39.88
COMM HOSP INPATIENT TOTAL	28	107				6205.57	16.49
HSC HOSPITALS	28 50	154	173,756.00		.010 .015		15.44
NON-HSC HOSPITALS TOTAL	50		162,646.29			3252.93	
ACCOMMODATIONS	0	154 0	67,730.19		.015	1354.60	6.43
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE		•	.00		.000	.00	.00
ALL OTHER ACCOM	50 50	154	67,730.19		.015	1354.60	6.43
ANCILLARIES	0	0	94,916.10		.000	1898.32	9.01
INPATIENT CROSSOVERS	•	_	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	848	3,358	83,719.68		.319	98.73	7.95
MEDICAL	225	346	10,950.72		.033	48.67	1.04
SURGERY	86	100	3,012.41		.009	35.03	.29
PATHOLOGY	379	1,371	16,007.68		.130	42.24	1.52
RADIOLOGY	253	343	20,462.96		.033	80.88	1.94
ROOM USE	541	650	24,846.26		.062	45.93	2.36
CROSSOVERS/ALL OTH OUTPTNT		548	8,439.65		.052	29.10	.80
@STATE HOSPITAL	0	0 \$.000 \$.00	\$.00
MENTALLY ILL	0	0	.00		.000	.00	.00
DEVELOP. DISABLED	0	0	.00		.000	.00	.00
@NURSING FACILITY	0	0 \$	• • •		.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00		.000	.00	.00
LEV B-REHAB MD	0	0	.00		.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
LEV B-REGULAR	0	0	.00		.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$		·	.000 \$.00	\$.00
ICF DDH	0	0	.00		.000	.00	.00
ICF DD	0	0	.00		.000	.00	.00
ICF DDN/DDCN	0	0	.00		.000	.00	.00
@HEMODIALYSIS TOTAL	1	5 \$.000 \$	727.03	•
HOSPITAL BASED	0	0	.00		.000	.00	.00
HEMODIALYSIS CENTER	1	5	727.03		.000	727.03	.07
@REHABILITATION FACILITY	2	7 \$.001 \$		\$.02
HOSPITAL BASED	2	7	245.79		.001	122.90	.02
INDEPENDENT FACILITY	0	0	.00		.000	.00	.00
@LABORATORY FACILITY	294	773 \$		\$ 16.45	.073 \$		\$ 1.21
PATHOLOGY	292	771	12,593.07		.073	43.13	1.20
XO AND OTHERS	2	2	119.00		.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	3,080	4,848 \$. ,		.460 \$		\$ 58.07
CLINIC	50	146	3,390.53		.014	67.81	.32
SURGICENTER	35	180	6,223.20		.017	177.81	.59
HEROIN DETOX CLINIC	0	0	.00		.000	.00	.00
RURAL HEALTH CLINIC	3,002	4 , 522	602,141.03		.429	200.58	57.16
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DEC	2004	PAGE 4,984
MOP024	FEE-FOR-SERVICE/						03/14/05
KINGS COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	INDIGENT - CHILDR	EN - TOTAL			

10,535 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	389	2,175	\$ 30,218.31	\$ 13.89	.206	\$ 77.68	\$ 2.87
DURABLE MED. EQUIP.	9	10	754.84	75.48	.001	83.87	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	66	1,304	17 , 768.93	13.63	.124	269.23	1.69
AMBULANCES/AIR TRANS	66	1,299	12,349.17	9.51	.123	187.11	1.17
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	5 , 419.76	1083.95	.000	1083.95	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22	2,310.00	105.00	.002	105.00	.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	136	288	2,408.36	8.36	.027	17.71	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	10	807.25	80.73	.001	269.08	.08
SPEECH AND AUDIOLOGY	3	8	387.51	48.44	.001	129.17	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	144	520	5,640.34	10.85	.049	39.17	.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	13	141.08	10.85	.001	14.11	.01
@CALIF. CHILDREN SERVICES*	35	401	\$ 87,920.19	\$ 219.25	.038	\$ 2512.01	\$ 8.35

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,985 MOP024

FEE-FOR-SERVICE/DENTAL KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

KINGS COUNTY	SUMMARY OF SERV	ICES FOR MIA -	NO S	OC - AID PA	TID BENDI	ING AID CODE		mii	C.D.	
00 811018180	HOEDO	INITED OF CERTIT	C.E.	DVDDNI		317ED36E 666E	MON			
00 ELIGIBLES	USERS	UNITS OF SERVI		EXPENL	ITURES	AVERAGE COST		COST PER	COST PE	
		OR DAYS OF CA			0.0	PER UNIT/DAY		USER	ELIGIBL	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.0	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$		\$.0	
OUTPATIENT VISITS	0	0			.00	.00	.000	.00		00
OFFICE VISITS	0	0			.00	.00	.000	.00	.0	
HOME VISITS	0	0			.00	.00	.000	.00	.0	00
EMERGENCY ROOM	0	0			.00	.00	.000	.00	.0	0 0
PREVENTIVE CARE	0	0			.00	.00	.000	.00	.0	00
OB VISITS/COMPRE PERI	0	0			.00	.00	.000	.00	.0	0 C
OTHER OUTPATIENT	0	0			.00	.00	.000	.00	.0	00
INPATIENT VISITS	0	0			.00	.00	.000	.00	.0	0 C
HOSPITAL VISITS	0	0			.00	.00	.000	.00	.0	00
CRITICAL CARE	0	0			.00	.00	.000	.00	.0	0 C
SNF/ICF/TRANS IP CARE	0	0			.00	.00	.000	.00	.0	00
OPHTHALMOLOGICAL SERVICES	0	0			.00	.00	.000	.00	.0	0 C
EXAMINATIONS	0	0			.00	.00	.000	.00	.0	00
SERVICES AND MATERIALS	0	0			.00	.00	.000	.00	.0	0 C
INPATIENT HOSPITAL SURGERY	0	0			.00	.00	.000	.00	.0	00
PRINCIPAL SURGEON	0	0			.00	.00	.000	.00	.0	
ASSISTANT SURGEON	0	0			.00	.00	.000	.00	.0	00
ANESTHESIOLOGIST	0	0			.00	.00	.000	.00	.0	00
OUTPATIENT SURGERY	0	0			.00	.00	.000	.00	.0	00
PRINCIPAL SURGEON	0	0			.00	.00	.000	.00		00
ASSISTANT SURGEON	0	0			.00	.00	.000	.00		00
ANESTHESIOLOGIST	0	0			.00	.00	.000	.00	.0	
DIALYSIS	0	0			.00	.00	.000	.00		00
PATHOLOGY	0	0			.00	.00	.000	.00	.0	
RADIOLOGY	0	0			.00	.00	.000	.00		00
PSYCHIATRY	0	Ō			.00	.00	.000	.00	.0	
IMMUNIZATION AND INJECTION	0	0			.00	.00	.000	.00		00
OTHER SERVICES/ALL X-OVERS	0	0			.00	.00	.000	.00	.0	
@PHARMACY	0	0	\$.00	\$.00	.000 \$			00
PRESCRIPTION DRUGS	0	0	τ		.00	.00	.000	.00		00
SNF/ICF	0	0			.00	.00	.000	.00	.0	
OUTPATIENTS	0	0			.00	.00	.000	.00		00
MEDICAL SUPPLIES	0	0			.00	.00	.000	.00		00
@DENTIST	0	0	\$.00	\$.00	.000 \$			00
VISITS - DIAGNOSTIC	0	0	Y		.00	.00	.000	.00	.0	
ORAL SURGERY	0	0			.00	.00	.000	.00		00
DRUGS	0	0			.00	.00	.000	.00		00
ANESTHESIA	0	0			.00	.00	.000	.00	.0	
	0	0			.00	.00	.000	.00		00
PERIODONTICS	0	0			.00	.00	.000	.00	.0	
ENDODONTICS	0	0			.00			.00		
RESTORATIVE DENTISTRY	U	0				.00	.000			00
PROSTHETICS	U	0			.00	.00	.000	.00	.0	
DENTURES, STAYPLATES	U	0			.00	.00	.000	.00		00
SPACE MAINTAINERS	0	0			.00	.00	.000	.00	.0	JU

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 0 0 .00 .00 .00 ALL OTHER SERVICES .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,986

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

KINGS COUNTY	SUMMARY OF SER	VICES FOR	MIA - NO	soc -	- AID PAID PENDI	NG	AID CODE					
								MC				
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS				COST PER
		OR DAYS	OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$		\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	S		\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		Ō	Ś		\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	0		0	Ś		Ś	.00	.000		.00	Ś	.00
HOSP INPATIENT TOTAL	0		Ō	•	.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ö		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ö		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ő		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	Ô		0		.00		.00	.000		.00		.00
SURGERY	0		Ő		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	Ô		0		.00		.00	.000		.00		.00
ROOM USE	Û		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		Ö		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	¢	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	٧	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
	0		0									
ALL OTHER INPATIENT	U		U		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 4,987
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SOC	- AID PAID PENDING	AID CODE	81		

RY OF SERVICES FOR MIA - NO SOC ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 .00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL .00 0 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .00 .000 .00 .00 .00 .000 .00 PATHOLOGY .00 .00 .00 RADIOLOGY .00 .000 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPINT .00 .00 .000 .00 .00 .00 .00 \$ @STATE HOSPITAL .00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 \$.00 \$.00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00 .00 ICF DDH 0 .00 .00 .000 .00 0 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$.00 \$.00 HOSPITAL BASED .00 .00 .000 .00 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 @REHABILITATION FACILITY .00 .00 .000 \$.00 \$.00 .00 .00 .00 .000 .00 HOSPITAL BASED .00 INDEPENDENT FACILITY .00 .000 .00 .00 @LABORATORY FACILITY .00 .00 .000 \$.00 \$.00 .00 .00 .000 .00 .00 PATHOLOGY 0 XO AND OTHERS .00 .00 .000 .00 .00 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 \$.00 CLINIC .00 .00 .000 .00 .00

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .000 .00 .00 RURAL HEALTH CLINIC 0 Ω . 00 .00 . 0.00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,988 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
0* TOTALS IN THESE LINES ARE GIVEN	N AS A SEPAR	ATE INFORMATION ITEM ON	LY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

KINGS COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,989
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

----- MONTHLY AVERAGE -----183 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 295 1,602 \$ 195,022.15 \$ 121.74 8.754 \$ 661.09 \$ 1065.69 109 Ś 2.098 \$ 205.05 \$ 122.13 @PHYSICIANS SERVICES 384 22,350.58 \$ 58.20 62 199 33.27 106.78 36.18 OUTPATIENT VISITS 6,620.05 1.087 4 5 119.88 23.98 .027 29.97 . 66 OFFICE VISITS Ο 0 .00 .00 .00 .000 .00 HOME VISITS 62.36 14 16 997.70 62.36 71.26 EMERGENCY ROOM .087 5.45 .00 .000 .00 PREVENTIVE CARE 0 0 .00 OB VISITS/COMPRE PERI 46 178 5,502.47 30.91 .973 119.62 30.07

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00
INPATIENT VISITS	10	21	1,054.85	50	.23	.115	105.49	5.76
HOSPITAL VISITS	10	21	1,054.85	50	.23	.115	105.49	5.76
CRITICAL CARE	0	0	.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.00
EXAMINATIONS	0	0	.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	59	10,502.19	178	3.00	.322	437.59	57.39
PRINCIPAL SURGEON	19	20	9,519.14	475	5.96	.109	501.01	52.02
ASSISTANT SURGEON	3	3	559.50	186	5.50	.016	186.50	3.06
ANESTHESIOLOGIST	3	36	423.55	13	.77	.197	141.18	2.31
OUTPATIENT SURGERY	10	13	637.29	4.9	0.02	.071	63.73	3.48
PRINCIPAL SURGEON	10	12	607.43	5(0.62	.066	60.74	3.32
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	29.86	29	9.86	.005	29.86	.16
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	21	39	835.16		.41	.213	39.77	4.56
RADIOLOGY	27	40	1,751.86	40	3.80	.219	64.88	9.57
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3	99.52		3.17	.016	49.76	.54
OTHER SERVICES/ALL X-OVERS	10	10	849.66		1.97	.055	84.97	4.64
@PHARMACY	107	251	\$ 7,764.39).93	1.372	\$ 72.56	\$ 42.43
PRESCRIPTION DRUGS	100	231	6,421.63	2	7.80	1.262	64.22	35.09
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	100	231	6,421.63		7.80	1.262	64.22	35.09
MEDICAL SUPPLIES	12	20	1,342.76		7.14	.109	111.90	7.34
@DENTIST	11	45	\$ 965.00		.44	.246	\$ 87.73	\$ 5.27
VISITS - DIAGNOSTIC	10	33	442.00	13	3.39	.180	44.20	2.42
ORAL SURGERY	2	2	130.00	6.5	5.00	.011	65.00	.71
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00

PERIODONTICS	1	1		118.00	11	8.00	.005		118.00		.64
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	9		275.00	3	0.56	.049		137.50		1.50
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MOI		EPORT FO			DEC		PA	AGE 4,990
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY		ICES FOR MIA - N	o soc	- PREGNANT	AI	D CODE	86				, = . ,
							M	ONT	HLY AVERA	GE -	
183 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAG	E COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE					PER ELIG		USER	Ι	ELIGIBLE
@OPTOMETRIST	2	8	\$	180.60	\$ 2	2.58	.044	\$	90.30	\$.99
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	4	7.45	.011		47.45		.52
EYE APPLIANCES	2	6		85.70	1	4.28	.033		42.85		.47
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	5	\$	212.89	\$ 4	2.58	.027	\$	53.22	\$	1.16
NURSE ANESTHESIST	1	5	\$	125.21	\$ 2	5.04	.027	\$	125.21	\$.68
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	74	336	\$	123,425.52	\$ 36	7.34	1.836	\$	1667.91	\$	674.46
HOSP INPATIENT TOTAL	26	93		116,672.18	125	4.54	.508		4487.39		637.55
HSC HOSPITALS	3	10		16,400.00	164	0.00	.055		5466.67		89.62
NON-HSC HOSPITAL TOTAL	23	83		100,272.18	120	8.10	.454		4359.66		547.94
ACCOMMODATIONS	23	83		39,925.17	48	1.03	.454		1735.88		218.17
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	83		39,925.17	48	1.03	.454		1735.88		218.17
ANCILLARIES	23	0		60,347.01		.00	.000		2623.78		329.77
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
TIOOD OTTED TESTED TO THE	C 0	0.40		6 750 04	0	7 7 0	1 200		110 50		26 00

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HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

60

8

8

34

13

34

15

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243

13

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32

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ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DEC	2004		E 4,991
MOP024	FEE-FOR-SERVICE							03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO SOC	- PREGNANT	AID CODE				
100					MON7			
183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		ST PER
		OR DAYS OF CARE	100 105 50	PER UNIT/DAY	PER ELIG	USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	74	336 \$	123,425.52	\$ 367.34	1.836 \$	1667.91		674.46
COMM HOSP INPATIENT TOTAL	26	93	116,672.18	1254.54	.508	4487.39		637.55
HSC HOSPITALS	3	10	16,400.00	1640.00	.055	5466.67		89.62
NON-HSC HOSPITALS TOTAL	23	83	100,272.18	1208.10	.454	4359.66		547.94
ACCOMMODATIONS	23	83	39,925.17	481.03	.454	1735.88		218.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	23	83	39,925.17	481.03	.454	1735.88		218.17
ANCILLARIES	23	0	60,347.01	.00	.000	2623.78		329.77
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	60	243	6,753.34	27.79	1.328	112.56		36.90
MEDICAL	8	13	411.56	31.66	.071	51.45		2.25
SURGERY	8	10	348.46	34.85	.055	43.56		1.90
PATHOLOGY	34	114	1,594.38	13.99	.623	46.89		8.71
RADIOLOGY	13	27	2,059.75	76.29	.148	158.44		11.26
ROOM USE	34	47	1,794.00	38.17	.257	52.76		9.80
CROSSOVERS/ALL OTH OUTPTNT	15	32	545.19	17.04	.175	36.35	_	2.98
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	Ş	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	_	.00
@NURSING FACILITY	Ü	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	Ş	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	<u> </u>	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	77	185 \$	3,278.88	\$ 17.72	1.011 \$		
PATHOLOGY	77	185	3,278.88	17.72	1.011	42.58	17.92
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	111	295 \$	34,723.41	\$ 117.71	1.612 \$		\$ 189.75
CLINIC	1	2	77.12	38.56	.011	77.12	.42
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	111	293	34,646.29	118.25	1.601	312.13	189.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT F		2004 THRU DE	C 2004	PAGE 4,992
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SERV	/ICES FOR MIA - NO S	OC - PREGNANT	AID CODE	86		
					MON	THLY AVERA	GE
183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	16	88 \$	1,995.67	\$ 22.68	.481 \$		\$ 10.91
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	75	630.67	8.41	.410	210.22	3.45
AMBULANCES/AIR TRANS	3	75	630.67	8.41	.410	210.22	3.45
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	O .	•	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.071	105.00	7.46
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	Ö	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 4,993
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

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						MO	NTHLY AVERA	GΕ	
183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	295	1,602	\$ 195,022.15	\$ 1	21.74	8.754	\$ 661.09	\$	1065.69
@PHYSICIANS SERVICES	109	384	\$ 22,350.58	\$	58.20	2.098	\$ 205.05	\$	122.13

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	62	199		6,620.05	33.27	1.087	106.78	36.18
OFFICE VISITS	4	5		119.88	23.98	.027	29.97	.66
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	14	16		997.70	62.36	.087	71.26	5.45
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	46	178		5,502.47	30.91	.973	119.62	30.07
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	10	21		1,054.85	50.23	.115	105.49	5.76
HOSPITAL VISITS	10	21		1,054.85	50.23	.115	105.49	5.76
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					.00	.00
	0			.00	.00	.000		
EXAMINATIONS	•	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	59		10,502.19	178.00	.322	437.59	57.39
PRINCIPAL SURGEON	19	20		9,519.14	475.96	.109	501.01	52.02
ASSISTANT SURGEON	3	3		559.50	186.50	.016	186.50	3.06
ANESTHESIOLOGIST	3	36		423.55	11.77	.197	141.18	2.31
OUTPATIENT SURGERY	10	13		637.29	49.02	.071	63.73	3.48
PRINCIPAL SURGEON	10	12		607.43	50.62	.066	60.74	3.32
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1		29.86	29.86	.005	29.86	.16
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	21	39		835.16	21.41	.213	39.77	4.56
RADIOLOGY	27	40		1,751.86	43.80	.219	64.88	9.57
PSYCHIATRY	0	0.		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		99.52	33.17	.016	49.76	.54
	10	10		849.66		.055		4.64
OTHER SERVICES/ALL X-OVERS			Ċ		84.97		84.97	
@PHARMACY	107	251	\$	7,764.39	\$ 30.93	1.372		
PRESCRIPTION DRUGS	100	231		6,421.63	27.80	1.262	64.22	35.09
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	100	231		6,421.63	27.80	1.262	64.22	35.09
MEDICAL SUPPLIES	12	20		1,342.76	67.14	.109	111.90	7.34
@DENTIST	11	45	\$	965.00	\$ 21.44	.246		•
VISITS - DIAGNOSTIC	10	33		442.00	13.39	.180	44.20	2.42
ORAL SURGERY	2	2		130.00	65.00	.011	65.00	.71
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.005	118.00	.64
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	9		275.00	30.56	.049	137.50	1.50
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
•	0	0		.00	.00			.00
ORTHODONTIC SERVICES								
ALL OTHER SERVICES	0	0		.00	.00			
#CALIF DEPT OF HEALTH SERV			URES M	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU I	DEC 2004	
MOP024	FEE-FOR-SERVICE							03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MIA -	NO SC	C - TOTAL				
100 =			~=				ONTHLY AVERA	
183 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES				COST PER
		OR DAYS OF CA			PER UNIT/DAY			ELIGIBLE
@OPTOMETRIST	2	8	\$	180.60	·	.044		•
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.011	47.45	.52

EYE APPLIANCES	2	6	85.70	14.28	.033	42.85	.47
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	5	\$ 212.89	\$ 42.58	.027	\$ 53.22	\$ 1.16
NURSE ANESTHESIST	1	5	\$ 125.21	\$ 25.04	.027	\$ 125.21	\$.68
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	74	336	\$ 123,425.52	\$ 367.34	1.836	\$ 1667.91	\$ 674.46
HOSP INPATIENT TOTAL	26	93	116,672.18	1254.54	.508	4487.39	637.55
HSC HOSPITALS	3	10	16,400.00	1640.00	.055	5466.67	89.62
NON-HSC HOSPITAL TOTAL	23	83	100,272.18	1208.10	.454	4359.66	547.94
ACCOMMODATIONS	23	83	39 , 925.17	481.03	.454	1735.88	218.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	83	39,925.17	481.03	.454	1735.88	218.17
ANCILLARIES	23	0	60,347.01	.00	.000	2623.78	329.77
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	60	243	6,753.34	27.79	1.328	112.56	36.90
MEDICAL	8	13	411.56	31.66	.071	51.45	2.25
SURGERY	8	10	348.46	34.85	.055	43.56	1.90
PATHOLOGY	34	114	1,594.38	13.99	.623	46.89	8.71
RADIOLOGY	13	27	2,059.75	76.29	.148	158.44	11.26
ROOM USE	34	47	1,794.00	38.17	.257	52.76	9.80

CROSSOVERS/ALL OTH OUTPTNT	15	32	545.19	17.04	.175	36.35	2.98
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 4,995
MOP024	FEE-FOR-SERVICE/DENTA	ĄL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES E	FOR MIA - NO	SOC - TOTAL				

----- MONTHLY AVERAGE -----183 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 74 336 \$ @COMMUNITY HOSPITAL TOTAL 26 3 23 93 10 83 1254.54 .508 1640.00 .055 COMM HOSP INPATIENT TOTAL 16,400.00 5466.67 HSC HOSPITALS 83 83 0 0 83 n 1208.10 4359.66 NON-HSC HOSPITALS TOTAL 100,272.18 .454 23 0 ACCOMMODATIONS 218.17 ADMINISTRATIVE DAYS .00 0 23 TRANSITIONAL IP CARE ALL OTHER ACCOM 218.17 ANCILLARIES 329.77 INPATIENT CROSSOVERS
ALL OTHER INPATIENT 0 .00 .00 .000 .000 6,753.34 27.79 1.328 112.56 411.56 31.66 .071 51.45 348.46 24.05 0 0 .00 60 8 243 COMM HOSP OUTPATIENT TOTAL 36.90 13 MEDICAL 34.85 .055 1,594.38 13.99 .623 2,059.75 76.20 8 10 43.56 SURGERY 8 34 13 46.89 114 PATHOLOGY 8.71 27 .148 158.44 RADIOLOGY 32 0 34 47 1,794.00 38.17 .257 52.76 9.80 ROOM USE 545.19 17.04 CROSSOVERS/ALL OTH OUTPINT 15 .175 36.35 2.98 0 0 .00 \$.00 .00 \$ @STATE HOSPITAL .000 \$.00 .00 MENTALLY ILL .00 .000 .00 .00 DEVELOP. DISABLED .000 .00 . 00 .00 \$.00 .000 \$.00 \$ @NURSING FACILITY .00 .00 LEV A-INTERMEDIATE .00 .000 .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .000 .00 . 00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 \$ @INTERMEDIATE CARE FACIL.-DD .00 .000 \$.00 \$.00 .00 .00 .00 ICF DDH .000 .00 ICF DD .00 .00 .000 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	77	185	\$	3,278.88	\$	17.72	1.011	\$	42.58	\$	17.92
PATHOLOGY	77	185		3,278.88		17.72	1.011		42.58		17.92
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	111	295	\$	34,723.41	\$	117.71	1.612	\$	312.82	\$	189.75
CLINIC	1	2		77.12		38.56	.011		77.12		.42
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	111	293		34,646.29		118.25	1.601		312.13		189.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 4,996
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO	R MIA -	NO S	SOC - TOTAL							

----- MONTHLY AVERAGE -----183 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 16 88 1,995.67 22.68 .481 \$ 124.73 \$ 10.91 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 75 630.67 8.41 .410 210.22 630.67 210.22 AMBULANCES/AIR TRANS 8.41 .410 3.45 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 13 1,365.00 105.00 .071 105.00 7.46 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 OPTICIAN .000 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 .00 .00 PROSTHETICS .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 PSYCHOLOGIST .000 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .00 \$.000 \$.00 @XOVER EXCLUDING STATE HOSP** .00 \$.00 .000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

KINGS COUNTY	SUMMARY OF SER	VICES FOR MIA - SOC -	LTC	AID CODE	53		
					MON'	THLY AVERAG	GE
34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	57	1,210 \$	114,236.47	\$ 94.41	35.588 \$		\$ 3359.90
@PHYSICIANS SERVICES	14	20 \$	882.88	\$ 44.14	.588 \$		\$ 25.97
OUTPATIENT VISITS	3	4	264.16	66.04	.118	88.05	7.77
	1	2	48.00				
OFFICE VISITS	Ι.	0		24.00	.059	48.00	1.41
HOME VISITS	U	U	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.059	108.08	6.36
PREVENTIVE CARE	O	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	3	221.20	73.73	.088	73.73	6.51
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	1	1	121.60	121.60	.029	121.60	3.58
SNF/ICF/TRANS IP CARE	2	2	99.60	49.80	.059	49.80	2.93
OPHTHALMOLOGICAL SERVICES	1	2	57.79	28.90	.059	57.79	1.70
EXAMINATIONS	1	2	57.79	28.90	.059	57.79	1.70
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1					
OUTPATIENT SURGERY	1	1	56.34	56.34	.029	56.34	1.66
PRINCIPAL SURGEON	-	1	56.34	56.34	.029	56.34	1.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	7	222.87	31.84	.206	37.15	6.56
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3	60.52	20.17	.088	20.17	1.78
@PHARMACY	42	376 \$	21,081.05	\$ 56.07	11.059 \$	501.93	\$ 620.03
PRESCRIPTION DRUGS	42	201	20,508.84	102.03	5.912	488.31	603.20
SNF/ICF	27	138	14,401.16	104.36	4.059	533.38	423.56
OUTPATIENTS	20	63	6,107.68	96.95	1.853	305.38	179.64
MEDICAL SUPPLIES	7	175	572.21	3.27	5.147	81.74	16.83
@DENTIST	, 5	16 \$	978.00	\$ 61.13	.471 \$		
VISITS - DIAGNOSTIC	Δ	6	180.00	30.00	.176	45.00	5.29
	1	3	255.00	85.00	.088	255.00	7.50
ORAL SURGERY	0	0					
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	U	U	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.029	215.00	6.32
RESTORATIVE DENTISTRY	2	6	328.00	54.67	.176	164.00	9.65
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MC					PAGE 4,998
MODO24		CLO MIND ENLENDITORED NO	01 1111111111 101	220111 1011 01111 1	LUCI IIII(O DE		02/14/05

----- MONTHLY AVERAGE -----

34 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z 17E	'RACE COST	UNITS/DAY		ULI AAFVA	GE	COST PER
34 EDIGIDDES	OSEINS	OR DAYS OF CARE		EXFENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	010 27112 01 07100	\$.00	\$.00	.000		.00		.00
DIAGNOSTIC AND ANC. PROCED	Ő	0	т	.00	т	.00	.000	т	.00	Τ.	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0	0	Ÿ	.00	٧	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	57.20	\$	57.20	.029	Ś		\$	1.68
MEDICINE/INJECTIONS	1	1	Y	57.20	Ÿ	57.20	.029	Y	57.20	Y	1.68
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ċ	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	5	16	Ş S	274.47	\$	17.15	.471		54.89		8.07
HOSP INPATIENT TOTAL	0	0	Ų	.00	Ą	.00	.000	۲	.00	ې	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	16		274.47		17.15	.471		54.89		8.07
MEDICAL	1	1		10.12		10.12	.029		10.12		.30
SURGERY	1	1		43.17		43.17	.029		43.17		1.27
PATHOLOGY	4	10		118.74		11.87	.294		29.69		3.49
RADIOLOGY	1	1		25.89		25.89	.029		25.89		.76
ROOM USE	2	2		68.42		34.21	.059		34.21		2.01
CROSSOVERS/ALL OTH OUTPTNT	∠ 1	1		8.13		8.13	.029		8.13		.24
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	ċ		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ų	.00	Ą	.00	.000	۲	.00	ې	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
MEDICAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0									
ROOM USE	U	U		.00		.00	.000		.00		.00

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC

MOP024

1101 02 4	THE FOR SHIVE	תעווותם /כ										03/14/03
KINGS COUNTY	SUMMARY OF SERV	VICES FOR	MIA - SOC	- LTC			AID CODE	53				
								MC	NTH	LY AVERA	GΕ	
34 ELIGIBLES	USERS	UNITS OF	SERVICE	EΣ	KPENDITURES	A'	VERAGE COST	UNITS/DAYS	C	OST PER		COST PER
		OR DAYS	OF CARE			P:	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5		16 \$		274.47	\$	17.15	.471	\$	54.89	\$	8.07
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5		16		274.47		17.15	.471		54.89		8.07
MEDICAL	1		1		10.12		10.12	.029		10.12		.30
SURGERY	1		1		43.17		43.17	.029		43.17		1.27
PATHOLOGY	4		10		118.74		11.87	.294		29.69		3.49
RADIOLOGY	1		1		25.89		25.89	.029		25.89		.76
ROOM USE	2		2		68.42		34.21	.059		34.21		2.01
CROSSOVERS/ALL OTH OUTPTNT	1		1		8.13		8.13	.029		8.13		.24
@STATE HOSPITAL	0		0 \$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	13		452 \$		83 , 561.80	\$	184.87		\$		\$	2457.70
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		1,693.00C	!R	.00	.000		.00		49.79CR
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

03/14/05

LEV B-SUBACUTE HSPTL BASED	1	72		39,806.80		552.87	2.118		39806.80		1170.79
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	380		45,448.00		119.60	11.176		3787.33		1336.71
@INTERMEDIATE CARE FACILDD	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	13 \$	3	154.43		11.88	.382	\$	25.74	\$	4.54
PATHOLOGY	6	13		154.43		11.88	.382		25.74		4.54
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	46 \$	3	5,612.46	\$	122.01	1.353	\$	280.62	\$	165.07
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	20	46		5,612.46		122.01	1.353		280.62		165.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF	-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 5,000
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	MIA - SOC	C - LTC			AID CODE	E 53				

----- MONTHLY AVERAGE -----34 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 8 270 6.05 7.941 \$ 204.27 \$ 48.06 1,634.18 24.45 DURABLE MED. EQUIP. 1 24.45 24.45 .029 .72 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 1,609.73 229.96 47.35 MEDICAL TRANSPORTATION 269 5.98 7.912 229.96 AMBULANCES/AIR TRANS 269 1,609.73 5.98 7.912 47.35 OTHER TRANS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING .000 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .000 LOCAL EDUCATION AGENCIES .00 .00 .00 .00 .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 0 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,001 MOP024 FEE-FOR-SERVICE/DENTAL

KINGS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

RINGS GGGNII	DOIMMING OF DELICE	TODO TOR	11111	00		1110 0000	MON	THLY AVERA	GE	
05 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
** ======		OR DAYS				PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	6	011 21110	23	\$	1,625.29	\$ 70.66	4.600 \$		\$	325.06
@PHYSICIANS SERVICES	2		5	\$	239.32	\$ 47.86	1.000 \$		\$	47.86
OUTPATIENT VISITS	1		2	7	90.72	45.36	.400	90.72	4	18.14
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		Ō		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	1		2		90.72	45.36	.400	90.72		18.14
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	1		2		111.00	55.50	.400	111.00		22.20
HOSPITAL VISITS	1		2		111.00	55.50	.400	111.00		22.20
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1		1		37.60	37.60	.200	37.60		7.52
@PHARMACY	0		0	\$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00		.00
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00		.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		U		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		U		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 ALL OTHER SERVICES .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,002

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

KINGS COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

KINGS COUNTY	SUMMARY OF SER	VICES FOR MIA -	SOC -	- PREGNANT	AID CODE			
							HLY AVERA	
05 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	RAGE COST			COST PER
		OR DAYS OF CAR			R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	4	\$	90.30	\$ 22.58	.800	\$ 90.30	\$ 18.06
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.200	47.45	9.49
EYE APPLIANCES	1	3		42.85	14.28	.600	42.85	8.57
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	11	\$	1,047.28	\$ 95.21	2.200	\$ 349.09	\$ 209.46
HOSP INPATIENT TOTAL	2	4		867.90	216.98	.800	433.95	173.58
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	4		867.90	216.98	.800	433.95	173.58
ACCOMMODATIONS	2	4		419.77	104.94	.800	209.89	83.95
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4		419.77	104.94	.800	209.89	83.95
ANCILLARIES	2	0		448.13	.00	.000	224.07	89.63
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	7		179.38	25.63	1.400	89.69	35.88
MEDICAL	1	2		58.00	29.00	.400	58.00	11.60
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	2		80.77	40.39	.400	40.39	16.15
CROSSOVERS/ALL OTH OUTPTNT	1	3		40.61	13.54	.600	40.61	8.12
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	Ó	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 5,003
MOP024	FEE-FOR-SERVICE/DENTAI						03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO	OR MIA - SOC	- PREGNANT	AID CODE	87		

KINGS COONTI	SOMMAN OF SERV	ICES FOR	MIA 5		INDGNANI		AID CODE	Mo		III V 7.77557	CE.	
05 51 10151 50	Hanna		00011100								.GĽ	
05 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		ERAGE COST	/	S	COST PER		COST PER
		OR DAYS					R UNIT/DAY	_		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3		11	\$	1,047.28	\$	95.21	2.200	\$	349.09	\$	209.46
COMM HOSP INPATIENT TOTAL	2		4		867.90		216.98	.800		433.95		173.58
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2		4		867.90		216.98	.800		433.95		173.58
ACCOMMODATIONS	2		4		419.77		104.94	.800		209.89		83.95
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2.		4		419.77		104.94	.800		209.89		83.95
ANCILLARIES	2		0		448.13		.00	.000		224.07		89.63
INPATIENT CROSSOVERS	0		Û		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2		7		179.38		25.63	1.400		89.69		35.88
MEDICAL	1		2		58.00		29.00	.400		58.00		11.60
SURGERY			2		.00		.00	.000		.00		.00
	0		0		.00							
PATHOLOGY	U		•				.00	.000		.00		.00
RADIOLOGY	U		0		.00		.00	.000		.00		.00
ROOM USE	2		2		80.77		40.39	.400		40.39		16.15
CROSSOVERS/ALL OTH OUTPTNT	1		3		40.61		13.54	.600		40.61		8.12
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0		0	т.	.00	-	.00	.000	7	.00	4	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	ċ	.00	\$.00
HOSPITAL BASED	0		0	۲	.00	ې	.00	.000	۲	.00	ې	.00
	0		0									
HEMODIALYSIS CENTER	U		0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	U		0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	Ü		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1		1	\$	231.75	\$	231.75	.200	\$	231.75	\$	46.35
CLINIC	0		0		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	231.75	231.75	.200	231.75	46.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DE	C 2004	PAGE 5,004
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE 87			

111100 000111	DOINGING OF DELICE	TODO TON THIN DOO	11/11/11/11	1110 0000	0 /		
					MON	THLY AVERAC	GE
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	16.64	\$ 8.32	.400 \$	16.64	\$ 3.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.400	16.64	3.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,005 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

KINGD COOKII	BOTHLING OF BLICK	VICES FOR PILIT	,00	101711	MONTHLY AVERAGE					
39 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAY				COST PER
39 HHIGIDHHO	ООПКО	OR DAYS OF CARE		EMILINDITIONED		AY PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	63	1,233	\$	115,861.76	\$ 93.97			1839.08		
@PHYSICIANS SERVICES	16	25	Ś	1,122.20	\$ 44.89	.641		70.14		28.77
OUTPATIENT VISITS	4	6	т	354.88	59.15	.154	т	88.72	т	9.10
OFFICE VISITS	1	2		48.00	24.00	.051		48.00		1.23
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	2	2		216.16	108.08	.051		108.08		5.54
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	2		90.72	45.36	.051		90.72		2.33
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	4	5		332.20	66.44	.128		83.05		8.52
HOSPITAL VISITS	1	2		111.00	55.50	.051		111.00		2.85
CRITICAL CARE	1	1		121.60	121.60	.026		121.60		3.12
SNF/ICF/TRANS IP CARE	2	2		99.60	49.80	.051		49.80		2.55
OPHTHALMOLOGICAL SERVICES	1	2		57.79	28.90	.051		57.79		1.48
EXAMINATIONS	1	2		57.79	28.90	.051		57.79		1.48
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		56.34	56.34	.026		56.34		1.44
PRINCIPAL SURGEON	1	1		56.34	56.34	.026		56.34		1.44
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	6	7		222.87	31.84	.179		37.15		5.71
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4	4		98.12	24.53	.103		24.53		2.52
@PHARMACY	42	376	\$		\$ 56.07	9.641	\$	501.93	\$	540.54
PRESCRIPTION DRUGS	42	201	•	20,508.84	102.03	5.154	•	488.31		525.87
SNF/ICF	27	138		14,401.16	104.36	3.538		533.38		369.26
OUTPATIENTS	20	63		6,107.68	96.95	1.615		305.38		156.61
MEDICAL SUPPLIES	7	175		572.21	3.27	4.487		81.74		14.67
@DENTIST	5	16	\$	978.00	\$ 61.13	.410	\$	195.60	\$	25.08
VISITS - DIAGNOSTIC	4	6		180.00	30.00	.154		45.00		4.62
ORAL SURGERY	1	3		255.00	85.00	.077		255.00		6.54
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.026	215.00	5.51
RESTORATIVE DENTISTRY	2	6	328.00	54.67	.154	164.00	8.41
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU I	DEC 2004	PAGE 5,006
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES E	FOR MIA - SOC	- TOTAL				

----- MONTHLY AVERAGE -----39 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 1 4 90.30 22.58 .103 \$ 90.30 \$ 2.32 DIAGNOSTIC AND ANC. PROCED 1 1 47.45 47.45 .026 47.45 1.22 42.85 EYE APPLIANCES 3 14.28 .077 42.85 1.10 0 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .00 VISITS 0 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 1 57.20 57.20 .026 57.20 @PODIATRIST 1.47 MEDICINE/INJECTIONS 57.20 57.20 .026 57.20 1.47 0 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 0 .00 OTHER .00 .00 .000 .00 0 .00 .00 .00 @HOME HEALTH AGENCY .000 .00 0 NURSE ANESTHESIST .00 \$.00 .000 .00 .00 0 .00 .00 NURSE MIDWIFE .00 .000 .00 0 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 1,321.75 48.95 .692 165.22 33.89 867.90 216.98 433.95 22.25 .103 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL 867.90 216.98 .103 433.95 22.25 419.77 104.94 .103 209.89 10.76 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 419.77 104.94 209.89 .103 10.76 ALL OTHER ACCOM 224.07 ANCILLARIES 448.13 .00 .000 11.49 0 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 0 .00 .00 .00 ALL OTHER INPATIENT .000 .00 23 453.85 HOSP OUTPATIENT TOTAL 19.73 .590 64.84 11.64 3 MEDICAL 68.12 22.71 .077 34.06 1.75 SURGERY 43.17 43.17 .026 43.17 10 118.74 .256 29.69 PATHOLOGY 11.87 3.04 RADIOLOGY 1 25.89 25.89 25.89 .026 .66 37.30 ROOM USE 149.19 .103 37.30 3.83 48.74 12.19 24.37 CROSSOVERS/ALL OTH OUTPTNT .103 1.25 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 \$. 00 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .000 .00 .00 .00 HSC HOSPITALS .00 .000 .00 0 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	2004	PAGE 5,007
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
KINCS COUNTY	CHMMADY OF CEDATCEC FO	D MIN - COC	_ TOTAT				

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL KINGS COUNTY

HOSPITAL BASED

----- MONTHLY AVERAGE -----39 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 27 \$ 48.95 .692 \$ 165.22 \$ 33.89 @COMMUNITY HOSPITAL TOTAL 1,321.75 433.95 COMM HOSP INPATIENT TOTAL 867.90 216.98 .103 22.25 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL 867.90 216.98 .103 433.95 22.25 419.77 104.94 209.89 10.76 ACCOMMODATIONS .103 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 419.77 104.94 209.89 ALL OTHER ACCOM .103 10.76 .00 224.07 448.13 .000 11.49 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 23 453.85 19.73 COMM HOSP OUTPATIENT TOTAL .590 64.84 11.64 3 22.71 MEDICAL 68.12 .077 34.06 1.75 SURGERY 1 43.17 43.17 .026 43.17 1.11 PATHOLOGY 10 118.74 11.87 .256 29.69 3.04 25.89 25.89 .026 25.89 .66 RADIOLOGY ROOM USE 4 149.19 37.30 .103 37.30 3.83 CROSSOVERS/ALL OTH OUTPTNT 4 48.74 12.19 .103 24.37 1.25 .00 .00 .000 \$.00 \$.00 @STATE HOSPITAL .00 .00 0 .00 .000 .00 MENTALLY ILL DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 83,561.80 184.87 11.590 \$ 6427.83 \$ 2142.61 @NURSING FACILITY 0 .00 LEV A-INTERMEDIATE .00 .000 .00 .00 LEV B-REHAB MD 0 1,693.00CR .00 .000 .00 43.41CR 0 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 72 39806.80 LEV B-SUBACUTE HSPTL BASED 39,806.80 552.87 1.846 1020.69 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 . 00 . 00 380 45,448.00 119.60 9.744 3787.33 1165.33 LEV B-REGULAR .00 .00 .000 \$.00 \$ @INTERMEDIATE CARE FACIL.-DD 0 .00 ICF DDH Ω .00 .00 .000 .00 . 00 .00 .00 ICF DD .00 .000 .00 .00 .00 ICF DDN/DDCN .00 .000 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$.00 \$. 00 .00 .00 .00 .000 HOSPITAL BASED 0 .00 HEMODIALYSIS CENTER .00 .00 .000 .00 0 .00 .00 \$ @REHABILITATION FACILITY .00 .000 \$.00

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INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	13	\$	154.43	\$	11.88	.333	\$	25.74	\$	3.96
PATHOLOGY	6	13		154.43		11.88	.333		25.74		3.96
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	21	47	\$	5,844.21	\$	124.34	1.205	\$	278.30	\$	149.85
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	21	47		5,844.21		124.34	1.205		278.30		149.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITUR	ES M	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	PΑ	AGE 5,008
MOP024	FEE-FOR-SERVICE/DENTA	AL									03/14/05
KINGS COUNTY	SUMMARY OF SERVICES E	FOR MIA - S	OC -	- TOTAL							
							N	TNON	HLY AVERA	GE -	
39 ELIGIBLES	USERS UNITS	S OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	YS	COST PER	(COST PER
	OR I	DAYS OF CARE			PEI	R UNIT/DAY	PER ELIC	3	USER	Ι	ELIGIBLE
@ALL OTHER PROVIDERS	9	272	\$	1,650.82	\$	6.07	6.974	\$	183.42	\$	42.33

39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	272 \$	1,650.82	\$ 6.07	6.974 \$	183.42	\$ 42.33
DURABLE MED. EQUIP.	1	1	24.45	24.45	.026	24.45	.63
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	269	1,609.73	5.98	6.897	229.96	41.28
AMBULANCES/AIR TRANS	7	269	1,609.73	5.98	6.897	229.96	41.28
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.051	16.64	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,009
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

							MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MO	ONTH-OF-PAYMENT REPO	RT FOR JAN	2004 THRU DEC	2004	PAGE 5,010
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE (JSE				
					MONT	HLY AVERAGE	E

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	.GE	COST PER
00 221012220	00210	OR DAYS OF CARE	2111 2113 1 1 01120		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00

0	0	.00	.00	.000	.00	.00
0	0 \$.00 \$.00	.000	\$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU I	DEC 2004	PAGE 5,011
FEE-FOR-SERVICE/DENTAL						03/14/05
SUMMARY OF SERVICES FOR	FOR FUTURE	USE				
				MC	ONTHLY AVERAG	E
	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	0 0 \$.00 \$	0	0 \$.00 \$.00 .00 .000	0

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINITTO / DAVO	COST PER	COST PER
00 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DAIS OF CARE	.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0 \$.00	.00	.000 \$.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH		'		·			•
	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PAGE	5,012
MOP024	FEE-FOR-SERVICE/DENTAL									03	3/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	R FOR FUTU	RE USE								

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 .00 .00 .00 BLOOD BANK 0 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 .00 .00 AMBULANCES/AIR TRANS .000 .00 .00 .00 .00 OTHER TRANS .000 .00 .00 OTHER SERVICES .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 .00 .00 .000 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 .00 \$ \$.000 \$.00 \$ @XOVER EXCLUDING STATE HOSP** .00 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MON	THLY AVERAG	E
222 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	358 125	2,835 \$	310,883.91	\$ 109.66	12.770 \$	868.39	\$ 1400.38
@PHYSICIANS SERVICES	125	409 \$	23,472.78	\$ 57.39	1.842 \$		
OUTPATIENT VISITS	66	205	6,974.93	34.02	.923	105.68	31.42
OFFICE VISITS	5	7	167.88	23.98	.032	33.58	.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	18	1,213.86	67.44	.081	75.87	5.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	47	180	5,593.19	31.07	.811	119.00	25.19
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	14	26	1,387.05	53.35	.117	99.08	6.25
HOSPITAL VISITS	11	23	1,165.85	50.69	.104	105.99	5.25
CRITICAL CARE	1	1	121.60	121.60	.005	121.60	.55
SNF/ICF/TRANS IP CARE	2	2	99.60	49.80	.009	49.80	.45
OPHTHALMOLOGICAL SERVICES	1	2	57.79	28.90	.009	57.79	.26
EXAMINATIONS	1	2	57.79	28.90	.009	57.79	.26
SERVICES AND MATERIALS	0	0			.009		.00
	24	59	.00 10,502.19	.00		.00	
INPATIENT HOSPITAL SURGERY	19	20	10,502.19	178.00	.266	437.59	47.31
PRINCIPAL SURGEON	3		9,519.14	475.96	.090	501.01	42.88
ASSISTANT SURGEON		3	559.50	186.50	.014	186.50	2.52
ANESTHESIOLOGIST	3	36	423.55	11.77	.162	141.18	1.91
OUTPATIENT SURGERY	11	14	693.63	49.55	.063	63.06	3.12
PRINCIPAL SURGEON	11	13	663.77	51.06	.059	60.34	2.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	29.86	29.86	.005	29.86	.13
DIALYSIS	0 21 33	0	.00	.00	.000	.00	.00
PATHOLOGY	21	39	835.16	21.41	.176	39.77	3.76
RADIOLOGY		47	1,974.73	42.02	.212	59.84	8.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3	99.52	33.17	.014	49.76	.45
OTHER SERVICES/ALL X-OVERS	14	14	947.78	67.70	.063	67.70	4.27
@PHARMACY	149	627 \$	28,845.44	\$ 46.01	2.824 \$		\$ 129.93
PRESCRIPTION DRUGS	142	432	26 , 930.47	62.34	1.946	189.65	121.31
SNF/ICF	27	138	14,401.16	104.36	.622	533.38	64.87
OUTPATIENTS	120	294	12,529.31	42.62	1.324	104.41	56.44
MEDICAL SUPPLIES	19	195	1,914.97	9.82	.878	100.79	8.63
@DENTIST	16	61 \$	1,943.00	\$ 31.85	.275 \$		
VISITS - DIAGNOSTIC	14	39	622.00	15.95	.176	44.43	2.80
ORAL SURGERY	3	5	385.00	77.00	.023	128.33	1.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.005	118.00	.53
ENDODONTICS	1	1	215.00	215.00	.005	215.00	.97
RESTORATIVE DENTISTRY	4	15	603.00	40.20	.068	150.75	2.72
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 5,014
MODO24	FFF_FOD_CFDUTC	r / Drimar					02/11/05

FEE-FOR-SERVICE/DENTAL

03/14/05

KINGS COONII	SOMMAN OF SERV.	TCHO TON	пириский.	I INDIG	ADOLIS	10	IAH					
										HLY AVERA	GE	
222 ELIGIBLES	USERS	UNITS OF	SERVICE]	EXPENDITURES	AV	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3		12	Ş	270.90	\$	22.58	.054	\$	90.30	\$	1.22
DIAGNOSTIC AND ANC. PROCED	3		3		142.35		47.45	.014		47.45		.64
EYE APPLIANCES	3		9		128.55		14.28	.041		42.85		.58
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0 5	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	1		1 5	\$	57.20	\$	57.20	.005	\$	57.20	\$.26
MEDICINE/INJECTIONS	1		1		57.20		57.20	.005		57.20		.26
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4		5 5	\$	212.89	\$	42.58	.023	\$	53.22	\$.96
NURSE ANESTHESIST	1		5 5	\$	125.21	\$	25.04	.023	\$	125.21	\$.56
NURSE MIDWIFE	0		0 5	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 5	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0 5	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	82		363	Ş	124,747.27	\$	343.66	1.635	\$	1521.31	\$	561.92
HOSP INPATIENT TOTAL	28		97		117,540.08		1211.75	.437		4197.86		529.46
HSC HOSPITALS	3		10		16,400.00		1640.00	.045		5466.67		73.87
NON-HSC HOSPITAL TOTAL	25		87		101,140.08		1162.53	.392		4045.60		455.59
ACCOMMODATIONS	25		87		40,344.94		463.73	.392		1613.80		181.73
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	25		87		40,344.94		463.73	.392		1613.80		181.73
ANCILLARIES	25		0		60,795.14		.00	.000		2431.81		273.85
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	67	266		7,207.19	2	27.09	1.198	107.57		32.46
MEDICAL	10	16		479.68	2	29.98	.072	47.97		2.16
SURGERY	9	11		391.63	3	35.60	.050	43.51		1.76
PATHOLOGY	38	124		1,713.12	1	13.82	.559	45.08		7.72
RADIOLOGY	14	28		2,085.64	7	74.49	.126	148.97		9.39
ROOM USE	38	51		1,943.19	3	38.10	.230	51.14		8.75
CROSSOVERS/ALL OTH OUTPTNT	17	36		593.93	1	16.50	.162	34.94		2.68
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-	PAYMENT RE	EPORT FO	OR JAN	2004 THRU	DEC 2004	PAGE	•
	FEE-FOR-SERVICE/DENTAL								0	3/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	MEDICALI	Y INDIGENT	- ADULTS -	- TOTAL					

KINGS COUNTI	DOMINANT OF DELIC	VICES FOR MEDICAL		INDIGENI ADOLI	,	UIAL					
							MO	TNC	HLY AVERA	.GE	
222 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	A'	VERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	1		Pl	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	82	363	\$	124,747.27	\$	343.66	1.635	\$	1521.31	\$	561.92
COMM HOSP INPATIENT TOTAL	28	97		117,540.08		1211.75	.437		4197.86		529.46
HSC HOSPITALS	3	10		16,400.00		1640.00	.045		5466.67		73.87
NON-HSC HOSPITALS TOTAL	25	87		101,140.08		1162.53	.392		4045.60		455.59
ACCOMMODATIONS	25	87		40,344.94		463.73	.392		1613.80		181.73
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	25	87		40,344.94		463.73	.392		1613.80		181.73
ANCILLARIES	25	0		60,795.14		.00	.000		2431.81		273.85
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	67	266		7,207.19)	27.09	1.198		107.57		32.46
MEDICAL	10	16		479.68		29.98	.072		47.97		2.16
SURGERY	9	11		391.63		35.60	.050		43.51		1.76
PATHOLOGY	38	124		1,713.12		13.82	.559		45.08		7.72
RADIOLOGY	14	28		2,085.64		74.49	.126		148.97		9.39
ROOM USE	38	51		1,943.19)	38.10	.230		51.14		8.75
CROSSOVERS/ALL OTH OUTPINT	17	36		593.93		16.50	.162		34.94		2.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	13	452	\$	83,561.80	\$	184.87	2.036	\$	6427.83	\$	376.40
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		1,693.00		.00	.000		.00		7.63CR
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	1	72		39,806.80		552.87	.324		39806.80		179.31
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	380		45,448.00		119.60	1.712		3787.33		204.72
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	83	198	\$	3,433.31	\$	17.34	.892	\$	41.37	\$	15.47
PATHOLOGY	83	198		3,433.31		17.34	.892		41.37		15.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	132	342	\$	40,567.62	\$	118.62	1.541	\$	307.33	\$	182.74
CLINIC	1	2		77.12		38.56	.009		77.12		.35
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	132	340		40,490.50		119.09	1.532		306.75		182.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES M	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P.	AGE 5,016
MOP024	FEE-FOR-SERVICE/DENTAL	J									03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO	OR MEDICAL	LY I	INDIGENT - ADULTS -	- TO'	TAL					

----- MONTHLY AVERAGE -----222 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 360 \$ 3,646.49 \$ 10.13 1.622 \$ 145.86 \$ 16.43 1 1 24.45 24.45 24.45 DURABLE MED. EQUIP. .005 .11 .00 0 BLOOD BANK .00 .00 .000 .00 .00 .00 0 0 HEARING AID DISPENSERS .00 .000 .00 10 6.51 224.04 MEDICAL TRANSPORTATION 344 2,240.40 1.550 10.09 10 344 1.550 224.04 AMBULANCES/AIR TRANS 2,240.40 6.51 10.09 .000 OTHER TRANS 0 0 .00 .00 .00 .00 0 .00 .00 .00 .00 OTHER SERVICES .000 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 13 13 1,365.00 105.00 .059 105.00 6.15 0 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 16.64 8.32 .009 16.64 .07 OPTICIAN .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 ORTHOTICS .00 .00 .000 . 00 .00 .00 .000 .00 PSYCHOLOGIST .00 .00 SPEECH AND AUDIOLOGY .00 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 . 00 .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 0 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

MOP024 FEE-FOR-SERVICE/DENTAL

KINGS COUNTY SUMMARY OF SERVICES FOR ALL AGED

PAGE 5,017 03/14/05

KINGS COONTI	SUMMART OF SERV	VICES FOR ALL AGED			MO	NIMILL A VILLO	.GE
22,010 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ZZ,010 EHIGIBHES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19,279	592,339 \$	15,930,775.97	\$ 26.89	26.912		
@PHYSICIANS SERVICES	3,544	18,088 \$		\$ 14.30	.822	\$ 72.97	
OUTPATIENT VISITS	146	190	10,176.58	53.56	.009	69.70	.46
OFFICE VISITS	78	101	3,620.92	35.85	.005	46.42	.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	64	78	6,340.98	81.29	.004	99.08	.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	9	11	214.68	19.52	.000		.00
OTHER OUTPATIENT	62	176	7,090.36	40.29	.008	23.85 114.36	
INPATIENT VISITS	62 38						.32
HOSPITAL VISITS	38 1	126	4,598.81	36.50 121.60	.006	121.02	.21
CRITICAL CARE		11	1,337.60		.000	1337.60	.06
SNF/ICF/TRANS IP CARE	25	39	1,153.95	29.59	.002	46.16	.05
OPHTHALMOLOGICAL SERVICES	15	13	497.64	38.28	.001	33.18	.02
EXAMINATIONS	15	13	497.64	38.28	.001	33.18	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	195	13,685.28	70.18	.009	570.22	.62
PRINCIPAL SURGEON	15	22	10,684.92	485.68	.001	712.33	.49
ASSISTANT SURGEON	1	1	374.53	374.53	.000	374.53	.02
ANESTHESIOLOGIST	10	172	2,625.83	15.27	.008	262.58	.12
OUTPATIENT SURGERY	35	142	17,242.06	121.42	.006	492.63	.78
PRINCIPAL SURGEON	25	37	15,295.32	413.39	.002	611.81	.69
ASSISTANT SURGEON	1	1	223.38	223.38	.000	223.38	.01
ANESTHESIOLOGIST	11	104	1,723.36	16.57	.005	156.67	.08
DIALYSIS	17	55	4,838.01	87.96	.002	284.59	.22
PATHOLOGY	27	46	1,714.71	37.28	.002	63.51	.08
RADIOLOGY	157	354	10,848.38	30.65	.016	69.10	.49
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	52	597.43	11.49	.002	85.35	.03
OTHER SERVICES/ALL X-OVERS	3,267	16,865	191,919.41	11.38	.766	58.74	8.72
@PHARMACY	16,003	384,526 \$		\$ 14.17	17.471		
PRESCRIPTION DRUGS	15,664	73,847	5,257,374.80	71.19	3.355	335.63	238.86
SNF/ICF	2,309	17,156	1,073,902.92	62.60	.779	465.09	48.79
OUTPATIENTS	13,405	56 , 691	4,183,471.88	73.79	2.576	312.08	190.07
MEDICAL SUPPLIES	2,320	310 , 679	192,854.64	.62	14.115	83.13	8.76
@DENTIST	823	3 , 949 \$	155,546.97		.179		•
VISITS - DIAGNOSTIC	580	2,540	27,333.90	10.76	.115	47.13	1.24
ORAL SURGERY	141	434	21,920.20	50.51	.020	155.46	1.00
DRUGS	1	1	15.00	15.00	.000	15.00	.00
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.02
PERIODONTICS	50	52	5,086.50	97.82	.002	101.73	.23
ENDODONTICS	32	42	8,855.00	210.83	.002	276.72	.40
RESTORATIVE DENTISTRY	115	272	21,213.40	77.99	.012	184.46	.96
PROSTHETICS	9	10	180.00	18.00	.000	20.00	.01
DENTURES, STAYPLATES	213	582	70,314.50	120.82	.026	330.12	3.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	2	2	128.47	64.24	.000	64.24	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	9	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	RT FOR JAN	2004 THRU DE	C 2004	PAGE 5,018
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05

MOPUZ4	FEE-FOR-SERVIC										03/14/05
KINGS COUNTY	SUMMARY OF SER	VICES FOR ALL AG	ED				MC	חדת	יטדע אזידיםא	CE	
22,010 ELIGIBLES	USERS	UNITS OF SERVICE	FI.	EXPENDITURES	⊿ 7.7	ERAGE COST				LGE.	COST PER
22,010 EDIGIBLES	051105	OR DAYS OF CAR		EXTENDITORES		R UNIT/DAY		,	USER		ELIGIBLE
@OPTOMETRIST	519	1,451	\$	28,452.05	\$	19.61	.066	Ś	54.82	Ś	1.29
DIAGNOSTIC AND ANC. PROCED	96	103	7	4,204.76	-	40.82	.005	т.	43.80	-	.19
EYE APPLIANCES	438	1,232		21,490.60		17.44	.056		49.07		.98
OTHER OPTOMETRIC SERVICES	79	116		2,756.69		23.76	.005		34.89		.13
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.000	\$	33.44	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	235	385	\$	1,850.71	\$	4.81	.017	\$	7.88	\$.08
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	235	385		1,850.71		4.81	.017		7.88		.08
@HOME HEALTH AGENCY	7	80	\$	5,471.66	\$	68.40	.004	\$	781.67	\$.25
NURSE ANESTHESIST	5	13	\$	302.30	\$	23.25	.001		60.46	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$		\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	4	\$		\$	31.15		\$	62.30	\$.01
@TOTAL HOSPITAL	1,202	4,764	\$		\$	196.13	.216	\$	777.36	\$	42.45
HOSP INPATIENT TOTAL	327	399		853 , 936.64		2140.19	.018		2611.43		38.80
HSC HOSPITALS	9	32		41,007.56		1281.49	.001		4556.40		1.86
NON-HSC HOSPITAL TOTAL	62	367		583 , 057.79		1588.71	.017		9404.16		26.49
ACCOMMODATIONS	62	367		159,015.48		433.28	.017		2564.77		7.22
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	62	367		159,015.48		433.28	.017		2564.77		7.22
ANCILLARIES	62	0		424,042.31		.00	.000		6839.39		19.27
INPATIENT CROSSOVERS	256	0		229,871.29		.00	.000		897.93		10.44
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	914	4,365		80,446.28		18.43	.198		88.02		3.65
MEDICAL	83 17	127 18		6,103.30		48.06 72.34	.006		73.53		.28
SURGERY	197	1,034		1,302.03		12.52	.001		76.59 65.69		.06 .59
PATHOLOGY RADIOLOGY	197	1,034		12,941.01 11,480.31		77.57	.047		109.34		.59
ROOM USE	83	140		5,763.78		48.03	.007		69.44		.26
CROSSOVERS/ALL OTH OUTPINT		2,918		42,855.85		14.69	.133		61.22		1.95
@COUNTY HOSPITAL TOTAL	3	2 , 910	\$	23.47	\$	4.69	.000	¢	7.82	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	3	5	23.47	4.69	.000	7.82	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	23.47	4.69	.000	7.82	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 5,019
MOP024	FEE-FOR-SERVICE	C/DENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SERV	VICES FOR ALL AGED					
					MO	NTHLY AVERA	GE
22,010 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,199	4,759 \$	934,359.45	\$ 196.34	.216	\$ 779.28	\$ 42.45
COMM HOSP INPATIENT TOTAL	327	399	853,936.64	2140.19	.018	2611.43	38.80
HSC HOSPITALS	9	32	41,007.56	1281.49	.001	4556.40	1.86
NON-HSC HOSPITALS TOTAL	62	367	583,057.79	1588.71	.017	9404.16	26.49
ACCOMMODATIONS	62	367	159,015.48	433.28	.017	2564.77	7.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	367	159,015.48	433.28	.017	2564.77	7.22
ANCILLARIES	62	0	424,042.31	.00	.000	6839.39	19.27
INPATIENT CROSSOVERS	256	0	229,871.29	.00	.000	897.93	10.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	911	4,360	80,422.81	18.45	.198	88.28	3.65
MEDICAL	83	127	6,103.30	48.06	.006	73.53	.28
SURGERY	17	18	1,302.03	72.34	.001	76.59	.06
PATHOLOGY	197	1,034	12,941.01	12.52	.047	65.69	.59
RADIOLOGY	105	148	11,480.31	77.57	.007	109.34	.52
ROOM USE	83	120	5,763.78		.005	69.44	.26
CROSSOVERS/ALL OTH OUTPTNT	697	2,913	42,832.38		.132	61.45	1.95
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,574	71,050	\$		\$	112.34	3.228	\$	3101.05	\$	362.66
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	6	183		12,913.31		70.56	.008		2152.22		.59
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	16	646		364,983.08		564.99	.029		22811.44		16.58
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2 , 559	70,221		7,604,209.97		108.29	3.190		2971.56		345.49
@INTERMEDIATE CARE FACILDD	13	379	\$		\$	157.36		\$	4587.55	\$	2.71
ICF DDH	12	361		53,655.17		148.63	.016		4471.26		2.44
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	18		5,983.01		332.39	.001		5983.01		.27
@HEMODIALYSIS TOTAL	161	3,196	\$	- · , · ·	\$.145	\$		\$	5.92
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	161	3,196		130,233.71		40.75	.145		808.91		5.92
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	82	271	\$	3,563.13	\$	13.15	.012	\$	43.45	\$.16
PATHOLOGY	66	241		3,240.06		13.44	.011		49.09		.15
XO AND OTHERS	16	30		323.07		10.77	.001		20.19		.01
@ORGANIZED OUTPATIENT CLINIC	4,797	8,681	\$		\$.394	\$	104.05	\$	22.68
CLINIC	13	18		307.94		17.11	.001		23.69		.01
SURGICENTER	136	189		23,604.80		124.89	.009		173.56		1.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,685	8,474		475,216.28		56.08	.385		101.43		21.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORT	' FOR JAN	2004 THRU	DEC	2004	P	AGE 5,020
			_	.01,111 01 1111111111 111							00/11/05
MOP024	FEE-FOR-SERVICE	C/DENTAL		.01.111 01 1111111111 11							03/14/05
MOP024 KINGS COUNTY				O					ממשגע אווי		
KINGS COUNTY	SUMMARY OF SERV	C/DENTAL VICES FOR ALL AG	ED			DACE COST	M	TNO	HLY AVERA	GE	
		C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE	ED E	EXPENDITURES	AVE		M UNITS/DAY	ONT S	COST PER	GE	COST PER
KINGS COUNTY 22,010 ELIGIBLES	SUMMARY OF SERV	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CAR	ED E E	EXPENDITURES	AVE PEF	R UNIT/DAY	M UNITS/DAY PER ELIG	ONT S	COST PER USER	GE	COST PER
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVUSERS 3,405	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CARD 95,500	ED E	EXPENDITURES 421,101.63	AVE	R UNIT/DAY 4.41	M UNITS/DAY PER ELIG 4.339	ONT S	COST PER USER 123.67	GE	COST PER ELIGIBLE 19.13
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 3,405 107	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CARD 95,500 251	ED E E	EXPENDITURES 421,101.63 28,910.34	AVE PEF	R UNIT/DAY 4.41 115.18	M UNITS/DAY PER ELIG 4.339 .011	ONT S	COST PER USER 123.67 270.19	GE	COST PER ELIGIBLE 19.13 1.31
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 3,405 107 0	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0	ED E E	EXPENDITURES 421,101.63 28,910.34 .00	AVE PEF	R UNIT/DAY 4.41 115.18 .00	M UNITS/DAY PER ELIG 4.339 .011 .000	ONT S	COST PER USER 123.67 270.19 .00	GE	COST PER ELIGIBLE 19.13 1.31
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERV USERS 3,405 107 0 180	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55	M UNITS/DAY PER ELIG 4.339 .011 .000	ONT S	COST PER USER 123.67 270.19 .00 213.78	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 3,405 107 0 180 769	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 3,405 107 0 180 769 154	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERV USERS 3,405 107 0 180 769 154 472	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERV USERS 3,405 107 0 180 769 154 472 214	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117 1,125	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS 3,405 107 0 180 769 154 472 214 2	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CARE 95,500 251 0 286 41,279 1,037 39,117 1,125	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63	M T UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 3,405 107 0 180 769 154 472 214 2 7	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CARI 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43
KINGS COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 3,405 107 0 180 769 154 472 214 2 7	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00
CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 3,405 107 0 180 769 154 472 214 2 7 0 210	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 3.03
COUNTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	SUMMARY OF SERV USERS 3,405 107 0 180 769 154 472 214 2 7 0 210 0	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90 .00	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60 .00	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 3.03 .00
CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 3,405 107 0 180 769 154 472 214 2 7 0 210 0 442	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955 0 940	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90 .00 11,514.10	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84 .00 12.25	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000 .043 .000	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60 .00 26.05	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 3.03 .00 .52
CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS 3,405 107 0 180 769 154 472 214 2 7 0 210 0 442	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955 0 940 13	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90 .00 11,514.10 174.48	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84 .00 12.25 13.42	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000 .043 .000	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60 .00 26.05 174.48	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 3.03 .00 .52 .01
CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 3,405 107 0 180 769 154 472 214 2 7 0 210 0 442 1 37	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955 0 940 13 73	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90 .00 11,514.10 174.48 96.15	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84 .00 12.25 13.42 1.32	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000 .043 .000 .043 .000 .043	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60 .00 26.05 174.48 2.60	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 3.03 .00 .52 .01 .00
### ACCUPATION OF THE REPORT OF TICLAN ### CALL OTHER PROVIDERS ### DURABLE MED. EQUIP. ### BLOOD BANK ### HEARING AID DISPENSERS ### MEDICAL TRANSPORTATION ### AMBULANCES/AIR TRANS ### OTHER TRANS ### OTHER TRANS ### OTHER SERVICES ### ACUPUNCTURE ### ADULT DAY HEALTH CARE CTR ### GENETIC DISEASE TESTING ### IHMC, MODEL-NF, NF, AIDS, MSSP ### OCCUPATIONAL THERAPIST ### OPTICIAN ### PHYSICAL THERAPIST ### PORTABLE X-RAY ### PROSTHETIST/ORTHOTISTS	SUMMARY OF SERV USERS 3,405 107 0 180 769 154 472 214 2 77 0 210 0 442 1 37 18	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955 0 940 13 73 57	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90 .00 11,514.10 174.48 96.15 1,174.89	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84 .00 12.25 13.42 1.32 20.61	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000 .043 .000 .043 .000 .043 .001 .003	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60 .00 26.05 174.48 2.60 65.27	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 3.03 .00 .52 .01 .00 .05
### ACT OF THE PROVIDERS ### CALL OTHER PROVIDERS ### DURABLE MED. EQUIP. ### BLOOD BANK ### HEARING AID DISPENSERS ### MEDICAL TRANSPORTATION ### AMBULANCES/AIR TRANS ### OTHER TRANS ### OTHER SERVICES ### ACUPUNCTURE ### ADULT DAY HEALTH CARE CTR ### GENETIC DISEASE TESTING ### IHMC, MODEL-NF, NF, AIDS, MSSP ### OCCUPATIONAL THERAPIST ### OPTICIAN ### PHYSICAL THERAPIST ### PORTABLE X-RAY ### PROSTHETIST/ORTHOTISTS ### PROSTHETICS	USERS 3,405 107 0 180 769 154 472 214 2 77 0 210 0 442 1 37 18 14	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955 0 940 13 73 57 51	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90 .00 11,514.10 174.48 96.15 1,174.89 926.25	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84 .00 12.25 13.42 1.32 20.61 18.16	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000 .043 .000 .043 .001 .003 .003	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60 .00 26.05 174.48 2.60 65.27 66.16	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 3.03 .00 .52 .01 .00 .05 .04
### ACCUPATION OF THE REPORT OF TICLAN ### CALL OTHER PROVIDERS ### DURABLE MED. EQUIP. ### BLOOD BANK ### HEARING AID DISPENSERS ### MEDICAL TRANSPORTATION ### AMBULANCES/AIR TRANS ### OTHER TRANS ### OTHER TRANS ### OTHER SERVICES ### ACUPUNCTURE ### ADULT DAY HEALTH CARE CTR ### GENETIC DISEASE TESTING ### IHMC, MODEL-NF, NF, AIDS, MSSP ### OCCUPATIONAL THERAPIST ### OPTICIAN ### PHYSICAL THERAPIST ### PORTABLE X-RAY ### PROSTHETIST/ORTHOTISTS	SUMMARY OF SERV USERS 3,405 107 0 180 769 154 472 214 2 77 0 210 0 442 1 37 18	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARD 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955 0 940 13 73 57	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90 .00 11,514.10 174.48 96.15 1,174.89	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84 .00 12.25 13.42 1.32 20.61	M UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000 .043 .000 .043 .000 .043 .001 .003	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60 .00 26.05 174.48 2.60 65.27 66.16 62.16	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 3.03 .00 .52 .01 .00 .05 .04 .01
Z2,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 3,405 107 0 180 769 154 472 214 2 77 0 210 0 442 1 37 18 14	C/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955 0 940 13 73 57 51	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90 .00 11,514.10 174.48 96.15 1,174.89 926.25 248.64 384.58	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84 .00 12.25 13.42 1.32 20.61 18.16 41.44 32.05	M T UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000 .043 .000 .043 .000 .043 .001	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60 .00 26.05 174.48 2.60 65.27 66.16 62.16 38.46	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 .52 .01 .00 .05 .04 .01 .02
CALL OTHER PROVIDERS QALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS 3,405 107 0 180 769 154 472 214 2 77 0 210 0 442 1 37 18 14 4 10	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CARE 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955 0 940 13 73 57 51 6 12	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90 .00 11,514.10 174.48 96.15 1,174.89 926.25 248.64 384.58 26,555.23	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84 .00 12.25 13.42 1.32 20.61 18.16 41.44 32.05 132.78	M VINITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000 .043 .000 .043 .000 .043 .000	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60 .00 26.05 174.48 2.60 65.27 66.16 62.16	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 3.03 .00 .52 .01 .00 .05 .04 .01 .02 1.21
### ACCUPTY 22,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 3,405 107 0 180 769 154 472 214 2 77 0 210 0 442 1 37 18 14 4 10 105	C/DENTAL VICES FOR ALL AGI UNITS OF SERVICE OR DAYS OF CARE 95,500 251 0 286 41,279 1,037 39,117 1,125 4 136 0 955 0 940 13 73 57 51 6 12 200	ED E E	EXPENDITURES 421,101.63 28,910.34 .00 38,480.75 135,200.35 21,404.92 105,696.08 8,099.35 86.50 9,490.72 .00 66,696.90 .00 11,514.10 174.48 96.15 1,174.89 926.25 248.64 384.58	AVE PEF	R UNIT/DAY 4.41 115.18 .00 134.55 3.28 20.64 2.70 7.20 21.63 69.78 .00 69.84 .00 12.25 13.42 1.32 20.61 18.16 41.44 32.05	M T UNITS/DAY PER ELIG 4.339 .011 .000 .013 1.875 .047 1.777 .051 .000 .006 .000 .043 .000 .043 .000 .043 .001	ONT S	COST PER USER 123.67 270.19 .00 213.78 175.81 138.99 223.93 37.85 43.25 1355.82 .00 317.60 .00 26.05 174.48 2.60 65.27 66.16 62.16 38.46 252.91	GE	COST PER ELIGIBLE 19.13 1.31 .00 1.75 6.14 .97 4.80 .37 .00 .43 .00 .52 .01 .00 .05 .04 .01 .02

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,860	51,033	73,841.25	1.45	2.319	39.70	3.35
@CALIF. CHILDREN SERVICES*	1	2	\$ 795.63	\$ 397.82	.000	\$ 795.63	\$.04
@XOVER EXCLUDING STATE HOSP**	6 , 191	60,333	\$ 1,070,550.49	\$ 17.74	2.741	\$ 172.92	\$ 48.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,021 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY	SUMMARY OF SERV	VICES FOR ALL BLIND)								00, = 1, 00
							MO	TNC	HLY AVERA	GE	
1,188 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE				. UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,017	43,201 \$	Ş	1,198,330.50					1178.30		
@PHYSICIANS SERVICES	323	1 , 768 \$	Ì	55,436.23			1.488	\$		\$	
OUTPATIENT VISITS	110	176		9,008.91		51.19	.148		81.90		7.58
OFFICE VISITS	55	73		2,307.27		31.61	.061		41.95		1.94
HOME VISITS	0	0		.00		.00			.00		.00
EMERGENCY ROOM	50	73		5,566.33		76.25	.061		111.33		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	18	30		1,135.31		37.84			63.07		.96
INPATIENT VISITS	26	119		5,803.70		48.77	.100		223.22		4.89
HOSPITAL VISITS	25	74		3,899.36		52.69			155.97		3.28
CRITICAL CARE	1	13		1,580.80		121.60	.011		1580.80		1.33
SNF/ICF/TRANS IP CARE	2	32		323.54		10.11 41.37	.027		161.77		.27
OPHTHALMOLOGICAL SERVICES	16	23		951.46					59.47		.80
EXAMINATIONS	16	23		951.46		41.37			59.47		.80
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	12	59				72.61	.050		356.99		
PRINCIPAL SURGEON	7	13		3,323.41		255.65	.011		474.77		2.80
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	46		960.45		20.88	.039		160.08		.81
OUTPATIENT SURGERY	31	92				142.60	.077		423.20		11.04
PRINCIPAL SURGEON	26	32		11,765.09		367.66	.027		452.50		9.90
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	9	60		1,354.01		22.57	.051		150.45		1.14
DIALYSIS	12	116		6,029.38		51.98	.098		502.45		5.08
PATHOLOGY	1 /	39		688.76		17.66	.033		40.52		.58
RADIOLOGY	75	136		4,544.32		33.41	.114		60.59		3.83
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	6		301.60		50.27	.005		50.27		.25
OTHER SERVICES/ALL X-OVERS	189	1,002		10,705.14		10.68	.843		56.64		9.01
@PHARMACY	828		Ì	420,209.69	Ş	13.18	26.840			Ş	353.71
PRESCRIPTION DRUGS	798	4,047		397,203.01		98.15	3.407				334.35
SNF/ICF	19	118					.099		424.51		6.79
OUTPATIENTS	780	3,929		389,137.34		99.04	3.307		498.89		327.56
MEDICAL SUPPLIES	225	27,839		23,006.68		.83	23.434		102.25		19.37
@DENTIST	37	203 \$	Ş	7,742.50	Ş	38.14	.171	Ş		Ş	
VISITS - DIAGNOSTIC	25	138		1,542.50		11.18	.116		61.70		1.30
ORAL SURGERY	6	11		535.00		48.64	.009		89.17		.45
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.08

DEDIODOMETOS	2	2	236.00	118.00	.002	118.00	.20
PERIODONTICS	۷	2					
ENDODONTICS	2	2	590.00	295.00	.002	295.00	.50
RESTORATIVE DENTISTRY	9	12	1,684.00	140.33	.010	187.11	1.42
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	37	3,055.00	82.57	.031	509.17	2.57
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 5,022
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR ALL BLIND					
					N	MONTHLY AVERA	GE
1 100 DITCIDIDO	HODDO IINI	TO OF CERTICE		ATTERACE COC	m IIIIIma /Das	ZO COOM DED	COCH DED

							HLY AVERA	
1,188 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	27	72	\$ 2,254.74	\$	31.32	.061	\$ 83.51	\$ 1.90
DIAGNOSTIC AND ANC. PROCED	8	11	413.27		37.57	.009	51.66	.35
EYE APPLIANCES	23	59	1,813.46		30.74	.050	78.85	1.53
OTHER OPTOMETRIC SERVICES	1	2	28.01		14.01	.002	28.01	.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	2	4	\$ 8.14	\$	2.04	.003	\$ 4.07	\$.01
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	2	4	8.14		2.04	.003	4.07	.01
@HOME HEALTH AGENCY	5	100	\$ 7,155.31	\$	71.55	.084	\$ 1431.06	\$ 6.02
NURSE ANESTHESIST	1	4	\$ 92.79	\$	23.20	.003	\$ 92.79	\$.08
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	181	1,645	\$ 292,311.57	\$	177.70	1.385	\$ 1614.98	\$ 246.05
HOSP INPATIENT TOTAL	34	213	254,463.67		1194.67	.179	7484.23	214.20
HSC HOSPITALS	6	24	39,240.00		1635.00	.020	6540.00	33.03
NON-HSC HOSPITAL TOTAL	11	189	197,927.22		1047.23	.159	17993.38	166.61
ACCOMMODATIONS	11	189	80,694.21		426.95	.159	7335.84	67.92
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	11	189	80,694.21		426.95	.159	7335.84	67.92
ANCILLARIES	11	0	117,233.01		.00	.000	10657.55	98.68
INPATIENT CROSSOVERS	17	0	17,296.45		.00	.000	1017.44	14.56
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	157	1,432	37,847.90		26.43	1.205	241.07	31.86
MEDICAL	52	197	11,426.84		58.00	.166	219.75	9.62
SURGERY	22	25	1,772.71		70.91	.021	80.58	1.49
PATHOLOGY	78	409	5,256.13		12.85	.344	67.39	4.42
RADIOLOGY	44	72	6,229.80		86.53	.061	141.59	5.24
ROOM USE	65	123	6,205.39		50.45	.104	95.47	5.22
CROSSOVERS/ALL OTH OUTPTNT	88	606	6,957.03		11.48	.510	79.06	5.86
@COUNTY HOSPITAL TOTAL	2	10	\$ 144.65	\$	14.47	.008	\$ 72.33	\$.12
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	10		144.65	14.47	.008	72.33		.12
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	0		108.15	12.02	.008	108.15		.09
		0		.00	.00	.000	.00		.00
RADIOLOGY	0	0							
ROOM USE	1	1		36.50	36.50	.001	36.50		.03
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DI	EC 2004	P.	AGE 5,023
MOP024	FEE-FOR-SERVIC								03/14/05
KINGS COUNTY	SUMMARY OF SER	VICES FOR ALL BL	IND						
							NTHLY AVERA		
1,188 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	179	1 , 635	\$	292,166.92	\$ 178.70	1.376	\$ 1632.22	\$	245.93
COMM HOSP INPATIENT TOTAL	34	213		254,463.67	1194.67	.179	7484.23		214.20
HSC HOSPITALS	6	24		39,240.00	1635.00	.020	6540.00		33.03
NON-HSC HOSPITALS TOTAL	11	189		197,927.22	1047.23	.159	17993.38		166.61
ACCOMMODATIONS	11	189		80,694.21	426.95	.159	7335.84		67.92
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	11	189		80,694.21	426.95	.159	7335.84		67.92
ANCILLARIES	11	0		117,233.01	.00	.000	10657.55		98.68
INPATIENT CROSSOVERS	17	0		17,296.45	.00	.000	1017.44		14.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	155	1,422		37,703.25	26.51	1.197	243.25		31.74
MEDICAL	52	197		11,426.84	58.00	.166	219.75		9.62
SURGERY	22	25		1,772.71	70.91	.021	80.58		1.49
PATHOLOGY	77	400		5,147.98	12.87	.337	66.86		4.33
	44	72		-					
RADIOLOGY	64	122		6,229.80	86.53	.061	141.59		5.24
ROOM USE				6,168.89	50.56	.103	96.39		5.19
CROSSOVERS/ALL OTH OUTPTNT	88	606	<u>^</u>	6,957.03	11.48	.510	79.06	<u>^</u>	5.86
@STATE HOSPITAL	9	247	\$	110,609.83	\$ 447.81		\$ 12289.98	\$	93.11
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	9	247	_	110,609.83	447.81	.208	12289.98	_	93.11
@NURSING FACILITY	25	487	\$	99,203.35	\$ 203.70			\$	83.50
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	3	77		44,665.39	580.07	.065	14888.46		37.60
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	22	410		54 , 537.96	133.02	.345	2479.00		45.91
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	77	1,401	\$	78,066.31	\$ 55.72	1.179	\$ 1013.85	\$	65.71
HOCDIMAL DACED	0			, 00		000			0.0

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INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	45	157	\$	1,760.30	\$	11.21	.132	\$	39.12	\$	1.48
PATHOLOGY	40	140		1,700.71		12.15	.118		42.52		1.43
XO AND OTHERS	5	17		59.59		3.51	.014		11.92		.05
@ORGANIZED OUTPATIENT CLINIC	326	603	\$	75,417.10	\$	125.07	.508	\$	231.34	\$	63.48
CLINIC	2	3		32.47		10.82	.003		16.24		.03
SURGICENTER	4	16		1,305.97		81.62	.013		326.49		1.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	322	584		74,078.66		126.85	.492		230.06		62.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT R	EPOR'	r for jan	2004 THRU	DEC	2004	P7	AGE 5,024
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR ALL BLI	ND								
							N	TNOI	HLY AVERA	GE -	
1,188 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	212	4,624	\$	48,062.64	\$	10.39	3.892	\$	226.71	\$	40.46
DURABLE MED. EQUIP.	19	58		3,095.69		53.37	.049		162.93		2.61
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	10	15		1,167.96		77.86	.013		116.80		.98
MEDICAL TRANSPORTATION	61	3,818		15,704.45		4.11	3.214		257.45		13.22
AMBULANCES/AIR TRANS	31	660		6,355.29			.556		205.01		5.35
OTHER TRANS	30	3,101		9,062.36		2.92	2.610		302.08		7.63
OTHER SERVICES	9	57		286.80		5.03	.048		31.87		.24
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	28	226		10,398.24		46.01	.190		371.37		8.75
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	18	44		4,054.16		92.14	.037		225.23		3.41
PHYSICAL THERAPIST	1	22		307.87		13.99	.019		307.87		.26
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	1	3	265.92		88.64	.003	265.92	.22
SPEECH AND AUDIOLOGY	4	8	3,314.78	4	414.35	.007	828.70	2.79
HOSPICE SERVICES	2	53	6,456.99		121.83	.045	3228.50	5.44
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	95	1,305.14		13.74	.080	59.32	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	81	282	1,991.44		7.06	.237	24.59	1.68
@CALIF. CHILDREN SERVICES*	29	639	\$ 56,240.21	\$	88.01	.538	\$ 1939.32	\$ 47.34
@XOVER EXCLUDING STATE HOSP**	274	2,212	\$ 89 , 728.87	\$	40.56	1.862	\$ 327.48	\$ 75.53

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 5,025 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						MO	NTHLY AVERA	GE
45,681 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	39,232	1,494,853	\$	32,014,655.61	\$ 21.42	32.724	\$ 816.03	\$ 700.83
@PHYSICIANS SERVICES	10,347	49,270	\$	1,585,736.80	\$ 32.18	1.079	\$ 153.26	\$ 34.71
OUTPATIENT VISITS	4,499	6,955		355,065.26	51.05	.152	78.92	7.77
OFFICE VISITS	1,701	2,391		69,270.22	28.97	.052	40.72	1.52
HOME VISITS	6	7		247.00	35.29	.000	41.17	.01
EMERGENCY ROOM	2,503	3 , 735		254,329.74	68.09	.082	101.61	5.57
PREVENTIVE CARE	3	3		92.22	30.74	.000	30.74	.00
OB VISITS/COMPRE PERI	47	164		6,210.61	37.87	.004	132.14	.14
OTHER OUTPATIENT	504	655		24,915.47	38.04	.014	49.44	.55
INPATIENT VISITS	852	4,267		211,568.25	49.58	.093	248.32	4.63
HOSPITAL VISITS	738	3,814		169,469.20	44.43	.083	229.63	3.71
CRITICAL CARE	38	206		32,597.08	158.24	.005	857.82	.71
SNF/ICF/TRANS IP CARE	132	247		9,501.97	38.47	.005	71.98	.21
OPHTHALMOLOGICAL SERVICES	155	191		7,621.77	39.90	.004	49.17	.17
EXAMINATIONS	155	191		7,621.77	39.90	.004	49.17	.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	298	1,511		153,653.88	101.69	.033	515.62	3.36
PRINCIPAL SURGEON	243	365		124,749.36	341.78	.008	513.37	2.73
ASSISTANT SURGEON	27	27		5,989.39	221.83	.001	221.83	.13
ANESTHESIOLOGIST	88	1,119		22,915.13	20.48	.024	260.40	.50
OUTPATIENT SURGERY	583	1,763		126,060.04	71.50	.039	216.23	2.76
PRINCIPAL SURGEON	485	595		106,642.30	179.23	.013	219.88	2.33
ASSISTANT SURGEON	4	4		726.74	181.69	.000	181.69	.02
ANESTHESIOLOGIST	129	1,164		18,691.00	16.06	.025	144.89	.41
DIALYSIS	63	327		23 , 987.75	73.36	.007	380.76	.53
PATHOLOGY	641	2 , 960		28 , 379.81	9.59	.065	44.27	.62
RADIOLOGY	2 , 577	5,001		141,137.17	28.22	.109	54.77	3.09
PSYCHIATRY	1	1		31.08	31.08	.000	31.08	.00
IMMUNIZATION AND INJECTION	297	8 , 495		263 , 685.69	31.04	.186	887.83	
OTHER SERVICES/ALL X-OVERS	5 , 289	17 , 799		274,546.10	15.42	.390	51.91	6.01
@PHARMACY	30 , 978	895 , 238	\$	13,185,642.33		19.598	\$ 425.65	
PRESCRIPTION DRUGS	30 , 266	144,430		12,506,719.39	86.59	3.162	413.23	273.78
SNF/ICF	964	7 , 758		659,715.02	85.04	.170	684.35	14.44
OUTPATIENTS	29,400	136,672		11,847,004.37	86.68	2.992	402.96	259.34

MEDICAL SUPPLIES	4,541	750,808	678,922.94	.90	16.436	149.51	14.	.86
@DENTIST	2 , 077	11,472 \$	381,747.62	\$ 33.28	.251 \$	183.80	\$ 8.	.36
VISITS - DIAGNOSTIC	1,496	7,725	80,934.70	10.48	.169	54.10	1.	.77
ORAL SURGERY	356	979	54,467.60	55.64	.021	153.00	1.	.19
DRUGS	6	14	220.00	15.71	.000	36.67		.00
ANESTHESIA	50	55	4,900.00	89.09	.001	98.00		.11
PERIODONTICS	232	282	26,749.00	94.85	.006	115.30		.59
ENDODONTICS	147	235	49,256.00	209.60	.005	335.07	1.	.08
RESTORATIVE DENTISTRY	493	1,294	86,377.08	66.75	.028	175.21	1.	.89
PROSTHETICS	21	21	625.00	29.76	.000	29.76		.01
DENTURES, STAYPLATES	198	690	64,950.50	94.13	.015	328.03	1.	.42
SPACE MAINTAINERS	8	11	915.00	83.18	.000	114.38		.02
MAXILLOFACIAL SERVICES	66	71	6,732.74	94.83	.002	102.01		.15
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00		.02
ORTHODONTIC SERVICES	47	55	4,745.00	86.27	.001	100.96		.10
ALL OTHER SERVICES	46	39	75.00	1.92	.001	1.63		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES N	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 5	5 , 026
MOP024	FEE-FOR-SERVICE/	DENTAL					03/1	14/05
KINGS COUNTY	SUMMARY OF SERVI	CES FOR ALL DISABLE	ED					
					MON	THLY AVERA	GE	
45,681 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST I	2ER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIE	3LE
@OPTOMETRIST	1,407	4,259 \$	91,237.07	\$ 21.42	.093 \$.00
DIAGNOSTIC AND ANC. PROCED	762	843	33,388.83	39.61	.018	43.82		.73

45,681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST			COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	1,407	4,259	\$	91,237.07	\$.093				2.00
DIAGNOSTIC AND ANC. PROCED	762	843	т.	33,388.83	τ	39.61	.018	Ψ.	43.82	Τ.	.73
EYE APPLIANCES	1,162	3,322		54,656.04		16.45	.073		47.04		1.20
OTHER OPTOMETRIC SERVICES	82	94		3,192.20		33.96	.002		38.93		.07
@CHIROPRACTOR	41	89	\$	1,463.00	\$.002	\$		\$.03
VISITS	38	85		1,412.84		16.62	.002		37.18	·	.03
OTHER SERVICES	3	4		50.16		12.54	.000		16.72		.00
@PODIATRIST	88	183	\$	2,384.39	\$	13.03	.004	\$		\$.05
MEDICINE/INJECTIONS	22	32		834.40		26.08	.001		37.93		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	67	149		1,515.39		10.17	.003		22.62		.03
@HOME HEALTH AGENCY	186	3,081	\$	140,563.61	\$	45.62	.067	\$	755.72	\$	3.08
NURSE ANESTHESIST	20	224	\$	3,229.75	\$	14.42	.005	\$	161.49	\$.07
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	8	10	\$	203.08			.000	\$	25.39	\$.00
@TOTAL HOSPITAL	6 , 902	43,854	\$	6,565,121.94			.960	\$		\$	143.72
HOSP INPATIENT TOTAL	867	3 , 680		5,609,424.13		1524.30	.081		6469.92		122.80
HSC HOSPITALS	175	1,507		2,397,719.59		1591.05	.033		13701.25		52.49
NON-HSC HOSPITAL TOTAL	439	2,173		2,969,305.26		1366.45	.048		6763.79		65.00
ACCOMMODATIONS	437	2,173		944,259.33		434.54	.048		2160.78		20.67
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	436	2,172		944,028.03		434.64	.048		2165.20		20.67
ANCILLARIES	438	0		2,025,045.93		.00	.000		4623.39		44.33
INPATIENT CROSSOVERS	258	0		242,399.28		.00	.000		939.53		5.31
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6 , 385	40,174		955 , 697.81		23.79	.879		149.68		20.92
MEDICAL	1,947	3,872		144,475.64		37.31	.085		74.20		3.16
SURGERY	373	434		20,326.11		46.83	.010		54.49		. 44
PATHOLOGY	3,251	17,518		219,372.82		12.52	.383		67.48		4.80
RADIOLOGY	1 , 758	2,609		210,893.67		80.83	.057		119.96		4.62
ROOM USE	2,911	4,602		185,579.22		40.33	.101		63.75		4.06

2,710	11 , 139	175	,050.35		15.72	.244		64.59		3.83
39	167	\$ 19	,877.24	\$	119.03	.004	\$	509.67	\$.44
4	13	16	,219.68		1247.67	.000)	4054.92		.36
3	13	15	,535.00		1195.00	.000)	5178.33		.34
0	0		.00		.00	.000)	.00		.00
0	0		.00		.00	.000)	.00		.00
0	0		.00		.00	.000)	.00		.00
0	0		.00		.00	.000)	.00		.00
0	0		.00		.00	.000)	.00		.00
0	0		.00		.00	.000)	.00		.00
1	0		684.68		.00	.000)	684.68		.01
0	0		.00		.00	.000)	.00		.00
35	154	3	,657.56		23.75	.003	}	104.50		.08
8	13		437.17		33.63	.000)	54.65		.01
1	1		76.46		76.46	.000)	76.46		.00
20	59		616.71		10.45	.001		30.84		.01
5	7		816.96		116.71	.000)	163.39		.02
16	18		810.56		45.03	.000)	50.66		.02
15	56		899.70		16.07	.001		59.98		.02
MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-OF-P	AYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PAGE	5,027
FEE-FOR-SERVICE/DENTAL									0.3	3/14/05
SUMMARY OF SERVICES FOR	ALL DISA	BLED								
							MONT	HLY AVERA	GE	
	39 4 3 0 0 0 0 0 0 0 1 0 35 8 1 20 5 16 15 MEDI-CAL SERVICES AND EXTER-FOR-SERVICE/DENTAL	39 167 4 13 3 13 0 1 0 0 1 0 0 35 154 8 13 1 1 20 59 5 7 16 18 15 56 MEDI-CAL SERVICES AND EXPENDITURE FEE-FOR-SERVICE/DENTAL	39 167 \$ 19 4 13 16 3 13 15 0 1 0 0 0 1 0 0 0 35 154 3 8 13 1 1 1 20 59 5 7 16 18 15 15 56 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-P FEE-FOR-SERVICE/DENTAL	39 167 \$ 19,877.24 4 13 16,219.68 3 13 15,535.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 1 0 684.68 0 0 0 .00 35 154 3,657.56 8 13 437.17 1 1 1 76.46 20 59 616.71 5 7 816.96 16 18 810.56 15 56 899.70 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REFEE-FOR-SERVICE/DENTAL	39 167 \$ 19,877.24 \$ 4 13 16,219.68 3 13 15,535.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	39	39 167 \$ 19,877.24 \$ 119.03 .004 4 13 16,219.68 1247.67 .000 3 13 13 15,535.00 1195.00 .000 0 0 0 .00 .00 .00 .000 0 0 0 .00 .0	39	39	39

45,681 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY		-	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6 , 870	43 , 687	\$ 6,545,244.70	\$ 149.82	.956	•	\$	143.28
COMM HOSP INPATIENT TOTAL	863	3 , 667	5,593,204.45	1525.28	.080	6481.12		122.44
HSC HOSPITALS	172	1,494	2,382,184.59	1594.50	.033	13849.91		52.15
NON-HSC HOSPITALS TOTAL	439	2,173	2,969,305.26	1366.45	.048	6763.79		65.00
ACCOMMODATIONS	437	2,173	944,259.33	434.54	.048	2160.78		20.67
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30		.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	436	2,172	944,028.03	434.64	.048	2165.20		20.67
ANCILLARIES	438	0	2,025,045.93	.00	.000	4623.39		44.33
INPATIENT CROSSOVERS	257	0	241,714.60	.00	.000	940.52		5.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	6 , 356	40,020	952,040.25	23.79	.876	149.79		20.84
MEDICAL	1,941	3 , 859	144,038.47	37.33	.084	74.21		3.15
SURGERY	373	433	20,249.65	46.77	.009	54.29		. 44
PATHOLOGY	3,233	17,459	218,756.11	12.53	.382	67.66		4.79
RADIOLOGY	1,753	2,602	210,076.71	80.74	.057	119.84		4.60
ROOM USE	2,898	4,584	184,768.66	40.31	.100	63.76		4.04
CROSSOVERS/ALL OTH OUTPTNT	2,698	11,083	174,150.65	15.71	.243	64.55		3.81
@STATE HOSPITAL	13	393	\$ 195,209.47	\$ 496.72	.009	\$ 15016.11	\$	4.27
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	13	393	195,209.47	496.72	.009	15016.11		4.27
@NURSING FACILITY	615	16,819	\$ 2,414,931.91	\$ 143.58	.368	\$ 3926.72	\$	52.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	41	1,416	170,933.67	120.72	.031	4169.11		3.74
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	29	903	518,752.81	574.48	.020	17888.03		11.36
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	557	14,500	1,725,245.43	118.98	.317	3097.39		37.77
@INTERMEDIATE CARE FACILDD	280	8 , 372	\$ 1,329,734.56	\$ 158.83	.183	\$ 4749.05	\$	29.11
ICF DDH	242	7,218	1,105,141.13	153.11	.158	4566.70		24.19
ICF DD	0	0	.00	.00	.000	.00		.00

ICF DDN/DDCN	38	1,154		224,593.43		194.62	.025		5910.35		4.92
@HEMODIALYSIS TOTAL	400	4,967	\$	456,407.91	\$	91.89	.109	\$	1141.02	\$	9.99
HOSPITAL BASED	3	5		13,070.10		2614.02	.000		4356.70		.29
HEMODIALYSIS CENTER	397	4,962		443,337.81		89.35	.109		1116.72		9.71
@REHABILITATION FACILITY	64	235	\$	9,021.95	\$	38.39	.005	\$	140.97	\$.20
HOSPITAL BASED	64	227		8,850.03		38.99	.005		138.28		.19
INDEPENDENT FACILITY	1	8		171.92		21.49	.000		171.92		.00
@LABORATORY FACILITY	1,490	5,164	\$	73,670.27	\$	14.27	.113	\$	49.44	\$	1.61
PATHOLOGY	1,462	5,088		73,212.65		14.39	.111		50.08		1.60
XO AND OTHERS	29	76		457.62		6.02	.002		15.78		.01
@ORGANIZED OUTPATIENT CLINIC	15 , 401	31,383	\$	4,273,803.61	\$	136.18	.687	\$	277.50	\$	93.56
CLINIC	131	408		8,519.06		20.88	.009		65.03		.19
SURGICENTER	178	613		33,416.41		54.51	.013		187.73		.73
HEROIN DETOX CLINIC	6	108		1,037.98		9.61	.002		173.00		.02
RURAL HEALTH CLINIC	15 , 208	30,254		4,230,830.16		139.84	.662		278.20		92.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES	MONTH-OF-PAYMENT	REPOR:	r for Jan	2004 THRU	DEC	2004	P	AGE 5,028
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERVICE	S FOR ALL DI	SABL	ED							

----- MONTHLY AVERAGE -----45,681 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 6,791 419,840 1,304,546.34 3.11 9.191 \$ 192.10 \$ 28.56 DURABLE MED. EQUIP. 651 1,689 357,672.01 211.77 .037 549.42 7.83 0 .00 .000 .00 BLOOD BANK 0 .00 .00 HEARING AID DISPENSERS 203 333 28,288.31 84.95 .007 139.35 .62 1,512 87,965 4.46 259.49 MEDICAL TRANSPORTATION 392,348.39 1.926 8.59 995 20,057 206,972.68 10.32 .439 208.01 AMBULANCES/AIR TRANS 4.53 2.39 316 66,326 158,533.51 1.452 501.69 3.47 OTHER TRANS 309 1,582 86.87 OTHER SERVICES 26,842.20 16.97 .035 .59 3 19.82 ACUPUNCTURE 6 118.94 .000 39.65 .00 33 28,082.50 69.68 ADULT DAY HEALTH CARE CTR 403 .009 850.98 .61 11 GENETIC DISEASE TESTING 11 1,107.00 100.64 .000 100.64 .02 96.89 278.05 IHMC, MODEL-NF, NF, AIDS, MSSP 198 19,185.14 .004 .42 .00 OCCUPATIONAL THERAPIST 0 0 .00 .000 .00 .00 2,310 26,208.79 1,076 11.35 .051 24.36 .57 OPTICIAN PHYSICAL THERAPIST 8 99 1,228.15 12.41 .002 153.52 .03 20 PORTABLE X-RAY 45 755.87 16.80 .001 37.79 .02 81 225 35,256.34 156.69 .005 435.26 .77 PROSTHETIST/ORTHOTISTS 79 222 158.28 444.78 35,137.26 .005 .77 PROSTHETICS 2 3 39.69 59.54 ORTHOTICS 119.08 .000 .00 10 33 2,471.81 74.90 .001 247.18 .05 PSYCHOLOGIST 155 435 52.49 22,834.74 .010 147.32 .50 SPEECH AND AUDIOLOGY 376 HOSPICE SERVICES 19 47,463.44 126.23 .008 2498.08 1.04 0 .00 NONINST BIRTHING CENTERS .000 .00 12,202 LOCAL EDUCATION AGENCIES 1,361 103,229.40 8.46 .267 75.85 2.26 EPSDT SUPPLEMENTAL SERVICE 8 4,229 109,032.50 25.78 .093 13629.06 2.39 0 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 PED SUBACUTE REHAB/WEANING 0 .00 .000 .00 .00 ALL OTHER PROVIDERS 2,138 309,281 129,263.01 .42 6.770 2.83 60.46 26,209 2,169,632.73 .574 \$ @CALIF. CHILDREN SERVICES* 82.78 2567.61 \$ 47.50 5,465 46,146 879,300.63 19.05 1.010 \$ 160.90 \$ @XOVER EXCLUDING STATE HOSP** 19.25

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

111100 000111	DOIMMING OF BEIN	WIGHO FOR THE THIRD			MON	תוודע אוודם	GE
252,041 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
232,041 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
	106 107		20 642 424 51		_		-
@TOTAL, ALL PROVIDERS	126,107	629,718 \$	38,642,434.51	•	2.498 \$		•
@PHYSICIANS SERVICES	29,985	•	3,416,898.07		•		·
OUTPATIENT VISITS	19,611	·	1,241,154.77	41.81		63.29	4.92
OFFICE VISITS	7,668	9,849	295,759.83	30.03	.039	38.57	1.17
HOME VISITS	9	10	539.93	53.99	.000	59.99	.00
EMERGENCY ROOM	10,201	11,616	661,302.31	56.93	.046	64.83	2.62
PREVENTIVE CARE	13	14	522.05	37.29	.000	40.16	.00
OB VISITS/COMPRE PERI	1,942	7,447	259,639.10	34.86	.030	133.70	1.03
OTHER OUTPATIENT	672	753	23,391.55	31.06	.003	34.81	.09
INPATIENT VISITS	1,374	4,007	275 , 296.34	68.70	.016	200.36	1.09
HOSPITAL VISITS	1,284	3,040	149,357.19	49.13	.012	116.32	.59
CRITICAL CARE	117	893	122,503.05	137.18	.004	1047.03	.49
SNF/ICF/TRANS IP CARE	12	74	3,436.10	46.43	.000	286.34	.01
OPHTHALMOLOGICAL SERVICES	152	197	7,994.71	40.58	.001	52.60	.03
EXAMINATIONS	152	197	7,994.71	40.58	.001	52.60	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,620	6,836	750,950.03	109.85	.027	463.55	2.98
PRINCIPAL SURGEON	1,129	1,285	621,500.45	483.66	.005	550.49	2.47
ASSISTANT SURGEON	216	217	41,050.10	189.17	.001	190.05	.16
ANESTHESIOLOGIST	474	5,334	88,399.48	16.57	.021	186.50	.35
OUTPATIENT SURGERY	2,151	5,521	333,308.89	60.37	.022	154.96	1.32
PRINCIPAL SURGEON	1,831	2,163	276,715.20	127.93	.009	151.13	1.10
ASSISTANT SURGEON	. 9	. 9	1,143.22	127.02	.000	127.02	.00
ANESTHESIOLOGIST	532	3,349	55,450.47	16.56	.013	104.23	.22
DIALYSIS	20	66	6,107.66	92.54	.000	305.38	.02
PATHOLOGY	2,824	4,287	74,944.56	17.48	.017	26.54	.30
RADIOLOGY	7,883	11,809	344,751.63	29.19	.047	43.73	1.37
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	ŭ	· ·	• • •	• • •		• • •	• • •

IMMUNIZATION AND INJECTION	629	3,266		122,955.16		37.65	.013		195.48		.49
OTHER SERVICES/ALL X-OVERS	5,888	20,320		259,434.32		12.77	.081		44.06		1.03
@PHARMACY	58 , 807	197,020	\$	6,914,968.18	\$	35.10	.782	\$	117.59	\$	27.44
PRESCRIPTION DRUGS	58,030	148,038		6,707,541.44		45.31	.587		115.59		26.61
SNF/ICF	51	494		48,839.70		98.87	.002		957.64		.19
OUTPATIENTS	57 , 983	147,544		6,658,701.74		45.13	.585		114.84		26.42
MEDICAL SUPPLIES	2,762	48,982		207,426.74		4.23			75.10		.82
@DENTIST	10,116	61 , 319	\$	1,716,467.83		27.99	.243	\$	169.68	\$	6.81
VISITS - DIAGNOSTIC	7 , 952	44,216		553 , 031.95		12.51	.175		69.55		2.19
ORAL SURGERY	1,426	3 , 095		196,950.13		63.63	.012		138.11		.78
DRUGS	54	68		1,001.00		14.72	.000		18.54		.00
ANESTHESIA	196	199		19,500.00		97.99	.001		99.49		.08
PERIODONTICS	417	439		44,499.10		101.36	.002		106.71		.18
ENDODONTICS	858	1,470		208,153.49		141.60	.006		242.60		.83
RESTORATIVE DENTISTRY	3,130	9,938		547 , 341.56		55.08	.039		174.87		2.17
PROSTHETICS	53	59		1,270.00		21.53	.000		23.96		.01
DENTURES, STAYPLATES	97	445		39 , 469.80		88.70	.002		406.91		.16
SPACE MAINTAINERS	107	132		14,967.00		113.39	.001		139.88		.06
MAXILLOFACIAL SERVICES	332	341		36 , 237.27		106.27	.001		109.15		.14
FRACTURES, DISLOCATIONS	1	1		625.53		625.53	.000		625.53		.00
ORTHODONTIC SERVICES	525	668		50 , 920.00		76.23			96.99		.20
ALL OTHER SERVICES	266	248		2,501.00		10.08	.001		9.40		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES MON	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PAC	GE 5,030
MOP024	FEE-FOR-SERVICE/DENTAI	ı									03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO	OR ALL F	AMILIES								

KINGS COUNTI	SUMMARI OF SER	VICES FOR ALL FAM	TTTE,	5						
050 041					 			HLY AVERA		
252,041 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST			COST PER		COST PER
_		OR DAYS OF CARE			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	3 , 655	11,524	\$	260,100.02	\$.046	Ş	71.16	Ş	1.03
DIAGNOSTIC AND ANC. PROCED	3 , 089	3,337		137,894.84	41.32	.013		44.64		.55
EYE APPLIANCES	2 , 865	8,138		121,199.29	14.89	.032		42.30		.48
OTHER OPTOMETRIC SERVICES	38	49		1,005.89	20.53	.000		26.47		.00
@CHIROPRACTOR	27	39	\$		\$.000	\$	23.69	\$.00
VISITS	27	39		639.54	16.40	.000		23.69		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	30	50	\$	2,056.21	\$ 41.12	.000	\$	68.54	\$.01
MEDICINE/INJECTIONS	21	23		674.80	29.34	.000		32.13		.00
SURGERY/ANES.	3	4		696.03	174.01	.000		232.01		.00
RADIO./PATHOLOGY	9	15		262.94	17.53	.000		29.22		.00
OTHER	6	8		422.44	52.81	.000		70.41		.00
@HOME HEALTH AGENCY	260	675	\$	41,875.87	\$ 62.04	.003	\$	161.06	\$.17
NURSE ANESTHESIST	169	998	\$	19,761.09	\$ 19.80	.004	\$	116.93	\$.08
NURSE MIDWIFE	1	1	\$	8.08	\$ 8.08	.000	\$	8.08	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	7	\$	191.30	\$ 27.33	.000	\$	63.77	\$.00
@TOTAL HOSPITAL	20,745	85 , 053	\$	11,317,403.54	\$ 133.06	.337	\$	545.55	\$	44.90
HOSP INPATIENT TOTAL	1,757	6,625		9,231,321.92	1393.41	.026		5254.02		36.63
HSC HOSPITALS	376	1,976		3,362,881.55	1701.86	.008		8943.83		13.34
NON-HSC HOSPITAL TOTAL	1,402	4,649		5,865,812.37	1261.74	.018		4183.89		23.27
ACCOMMODATIONS	1,397	4,649		2,107,258.67	453.27	.018		1508.42		8.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	1,397	4,649		2,107,258.67	453.27	.018		1508.42		8.36
ANCILLARIES	1,402	0		3,758,553.70	.00	.000		2680.85		14.91
INPATIENT CROSSOVERS	3	0		2,628.00	.00	.000		876.00		.01
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	19,663	78,428	2,086,081.62	26.60	.311	106.09	8.28
MEDICAL	5,421	8,898	297,454.22	33.43	.035	54.87	1.18
SURGERY	1,907	2,130	90,006.86	42.26	.008	47.20	.36
PATHOLOGY	7,689	30,842	377,672.36	12.25	.122	49.12	1.50
RADIOLOGY	5,427	7,278	489,681.25	67.28	.029	90.23	1.94
ROOM USE	11,994	15,176	616,516.89	40.62	.060	51.40	2.45
CROSSOVERS/ALL OTH OUTPINT	6,939	14,104	214,750.04	15.23	.056	30.95	.85
@COUNTY HOSPITAL TOTAL	113	372 \$	69,238.24	\$ 186.12	.001 \$	612.73	
CO HOSPITAL INPATIENT TOTAL	14	42	55,670.04	1325.48	.000	3976.43	.22
HSC HOSPITALS	14	42	55,670.04	1325.48	.000	3976.43	.22
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	106	330	13,568.20	41.12	.001	128.00	.05
MEDICAL	45	70	3,166.51	45.24	.000	70.37	.01
SURGERY	12	15	955.10	63.67	.000	79.59	.00
PATHOLOGY	24	81	1,197.79	14.79	.000	49.91	.00
RADIOLOGY	16	24	2,277.82	94.91	.000	142.36	.01
ROOM USE	69	95	4,142.46	43.60	.000	60.04	.02
CROSSOVERS/ALL OTH OUTPINT	33	45	1,828.52	40.63	.000	55.41	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DEC	C 2004	PAGE 5,031
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILIES	S				
					MONT	THLY AVERA	GE
252,041 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20,652	84,681 \$	11,248,165.30	\$ 132.83	.336 \$	544.65	\$ 44.63
COMM HOSP INPATIENT TOTAL	1,743	6 , 583	9,175,651.88	1393.84	.026	5264.29	36.41
HSC HOSPITALS	362	1,934	3,307,211.51	1710.04	.008	9135.94	13.12
NON-HSC HOSPITALS TOTAL	1,402	4,649	5,865,812.37	1261.74	.018	4183.89	23.27
ACCOMMODATIONS	1,397	4,649	2,107,258.67	453.27	.018	1508.42	8.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,397	4,649	2,107,258.67	453.27	.018	1508.42	8.36
ANCILLARIES	1,402	0	3,758,553.70	.00	.000	2680.85	14.91
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	.01

.00

26.54

33.34

42.10

12.24

67.19

40.61

15.14

531.92

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2,072,513.42

294,287.71

89,051.76

376,474.57

487,403.43

612,374.43

212,921.52

322,340.70

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0

19,574

5,380

1,895

7,667

5,412

6,909

0

0

0

0

11,933

ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL MENTALLY ILL

@NURSING FACILITY

LEV B-REHAB MD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

ROOM USE

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

LEV B-SUBACUTE FREESTANDING

0

78,098

8,828

2,115

30,761

7,254

15,081

14,059

0

0

0

0

606

LEV B-SUBACUTE HSPTL BASED	19	527		310,192.08		588.60	.002		16325.90		1.23
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	79		12,148.62		153.78	.000		3037.16		.05
@INTERMEDIATE CARE FACILDD	8	364	\$	73,351.38	\$	201.51	.001	\$	9168.92	\$.29
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	8	364		73,351.38		201.51	.001		9168.92		.29
@HEMODIALYSIS TOTAL	53	1,158	\$	73,032.91	\$	63.07	.005	\$	1377.98	\$.29
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	53	1,158		73,032.91		63.07	.005		1377.98		.29
@REHABILITATION FACILITY	91	272	\$	10,643.13	\$	39.13	.001	\$	116.96	\$.04
HOSPITAL BASED	91	272		10,643.13		39.13	.001		116.96		.04
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7 , 595	20 , 826	\$	358,271.84		17.20	.083	\$	47.17	\$	1.42
PATHOLOGY	7 , 583	20 , 808		357,296.83		17.17	.083		47.12		1.42
XO AND OTHERS	17	18		975.01		54.17	.000		57.35		.00
@ORGANIZED OUTPATIENT CLINIC	54 , 885	94 , 060	\$	-, -,		142.57	.373	\$	244.34	\$	53.21
CLINIC	1,138	3 , 828		75 , 785.23		19.80	.015		66.60		.30
SURGICENTER	437	2 , 352		84,105.85		35.76	.009		192.46		.33
HEROIN DETOX CLINIC	5	87		994.08		11.43	.000		198.82		.00
RURAL HEALTH CLINIC	53,643	87 , 793		13,249,544.14		150.92	.348		246.99		52.57
	MEDI-CAL SERVICES AN		JRES MC	NTH-OF-PAYMENT I	REPORT	FOR JAN 2004	THRU	DEC	2004	PA	AGE 5,032
	FEE-FOR-SERVICE/DENT										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR ALL FA	AMILIES	5							

----- MONTHLY AVERAGE -----

252,041 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 14,291 2.79 @ALL OTHER PROVIDERS 69,748 10.09 .277 \$ 49.26 \$ 703,995.52 247 582 33,721.99 57.94 136.53 DURABLE MED. EQUIP. .002 .13 .00 BLOOD BANK 0 0 .00 .00 .000 .00 39 87 4,286.54 49.27 109.91 HEARING AID DISPENSERS .000 .02 175.77 MEDICAL TRANSPORTATION 1,380 28,493 242,557.07 8.51 .113 .96 226,073.80 164.42 AMBULANCES/AIR TRANS 1,375 27,651 8.18 .110 .90 OTHER TRANS 5 803 1,794.49 2.23 .003 358.90 .01 39 419.68 OTHER SERVICES 376.64 .000 .06 14,688.78 ACUPUNCTURE 1 2 43.25 21.63 .000 43.25 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 438 45,990.00 105.00 .002 105.24 GENETIC DISEASE TESTING .18 .00 0 0 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 50,591.48 2,557 5,462 9.26 .022 19.79 OPTICIAN PHYSICAL THERAPIST 41 411 6,019.23 14.65 .002 146.81 .02 PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 175 15,614.50 89.23 .001 135.78 .06 175 89.23 135.78 PROSTHETICS 115 15,614.50 .001 .06 ORTHOTICS 0 0 .00 .00 .000 .00 .00 11 51 3,352.40 65.73 .000 304.76 PSYCHOLOGIST 87.88 SPEECH AND AUDIOLOGY 156 8,436.85 54.08 .001 .03 HOSPICE SERVICES Ω Ω 80.10 .00 .000 .00 .00 0 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 286,308.78 30.61 LOCAL EDUCATION AGENCIES 9,354 25,666 11.16 .102 1.14 Ω Ω .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .000 .00 235 8,225 6,993.33 29.76 ALL OTHER PROVIDERS .85 .033 .03 @CALIF. CHILDREN SERVICES* 813 26,493 2,253,376.41 85.06 .105 \$ 2771.68 \$ 8.94

@XOVER EXCLUDING STATE HOSP** 165 1,510 \$ 30,327.14 \$ 20.08 .006 \$ 183.80 \$.12

03/14/05

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,033 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT KINGS COUNTY

					MON1		
10,757 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,234	28,846 \$	1,907,635.32	\$ 66.13	2.682 \$	263.70	\$ 177.34
@PHYSICIANS SERVICES	1,501	3,613 \$		\$ 42.97	.336 \$	103.42	
OUTPATIENT VISITS	1,013	1,658	68,120.20	41.09	.154	67.25	6.33
	415	524	16,586.40	31.65	.049	39.97	1.54
OFFICE VISITS							
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	454	507	30 , 778.77	60.71	.047	67.79	2.86
PREVENTIVE CARE	3	3	146.21	48.74	.000	48.74	.01
OB VISITS/COMPRE PERI	146	581	19,289.76	33.20	.054	132.12	1.79
OTHER OUTPATIENT	37	43	1,319.06	30.68	.004	35.65	.12
INPATIENT VISITS	93	195	10,604.75	54.38	.018	114.03	.99
HOSPITAL VISITS	83	178	8,870.33	49.83	.017	106.87	.82
CRITICAL CARE	5	9	1,387.92	154.21	.001	277.58	.13
SNF/ICF/TRANS IP CARE	6	8	346.50	43.31	.001	57.75	.03
OPHTHALMOLOGICAL SERVICES	8	12	465.90	38.83	.001	58.24	.04
EXAMINATIONS	8	12	465.90	38.83	.001	58.24	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	83						
INPATIENT HOSPITAL SURGERY		273	35,194.02	128.92	.025	424.02	3.27
PRINCIPAL SURGEON	59	63	30,354.63	481.82	.006	514.49	2.82
ASSISTANT SURGEON	6	6	1,119.00	186.50	.001	186.50	.10
ANESTHESIOLOGIST	23	204	3,720.39	18.24	.019	161.76	.35
OUTPATIENT SURGERY	91	211	12,622.28	59.82	.020	138.71	1.17
PRINCIPAL SURGEON	81	92	10,781.15	117.19	.009	133.10	1.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	119	1,841.13	15.47	.011	141.63	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	125	223	3,624.09	16.25	.021	28.99	.34
RADIOLOGY	370	555	14,998.15	27.02	.052	40.54	1.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	24	909.08	37.88	.002	43.29	.08
OTHER SERVICES/ALL X-OVERS	229	462	8,700.94	18.83	.043	38.00	.81
	2 , 908			\$ 37.97	.705 \$	99.02	
@PHARMACY		,					
PRESCRIPTION DRUGS	2,864	6,761	280,061.15	41.42	.629	97.79	26.04
SNF/ICF	35	209	21,416.32	102.47	.019	611.89	1.99
OUTPATIENTS	2,837	6 , 552	258,644.83	39.48	.609	91.17	24.04
MEDICAL SUPPLIES	133	823	7,878.97	9.57	.077	59.24	.73
@DENTIST	532	3,822 \$	109,904.02	\$ 28.76	.355 \$	206.59	
VISITS - DIAGNOSTIC	427	2 , 665	34,714.50	13.03	.248	81.30	3.23
ORAL SURGERY	80	193	14,045.98	72.78	.018	175.57	1.31
DRUGS	9	12	180.00	15.00	.001	20.00	.02
ANESTHESIA	16	16	1,700.00	106.25	.001	106.25	.16
PERIODONTICS	12	12	961.00	80.08	.001	80.08	.09
ENDODONTICS	37	86	10,706.00	124.49	.008	289.35	1.00
RESTORATIVE DENTISTRY	176	760	40,551.00	53.36	.071	230.40	3.77
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
	1	7					
DENTURES, STAYPLATES	3		288.00	41.14	.001	288.00	.03
SPACE MAINTAINERS	3	6	675.00	112.50	.001	225.00	.06

MAXILLOFACIAL SERVICES	15	21	2,257.54	107.50	.002	150.50	.21
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	29	34	3,420.00	100.59	.003	117.93	.32
ALL OTHER SERVICES	12	9	375.00	41.67	.001	31.25	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 5,034
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES E	OR ALL MEDICA	ALLY INDIGENT				

KINGS COUNTY	SUMMARY OF SER	VICES FOR ALL M	FDICALLI	INDIGENT							
							M	CNO	THLY AVERA	GE	
10,757 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	RE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	175	577	\$	12,737.55	\$	22.08	.054	\$	72.79	\$	1.18
DIAGNOSTIC AND ANC. PROCED	154	172		6,926.64		40.27	.016		44.98		.64
EYE APPLIANCES	144	404		5,799.50		14.36	.038		40.27		.54
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.000		11.41		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	105.20	\$	35.07	.000	\$	35.07	\$.01
MEDICINE/INJECTIONS	3	3		105.20		35.07	.000		35.07		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	12	18	\$	991.01	\$	55.06	.002	\$	82.58	\$.09
NURSE ANESTHESIST	7	59	\$	1,133.44	\$	19.21	.005	\$	161.92	\$.11
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	992	4,010	\$	552,717.39	\$	137.83	.373	\$	557.17	\$	51.38
HOSP INPATIENT TOTAL	107	363		460,692.38		1269.13	.034		4305.54		42.83
HSC HOSPITALS	32	122		196,906.01		1613.98	.011		6153.31		18.30
NON-HSC HOSPITAL TOTAL	75	241		263,786.37		1094.55	.022		3517.15		24.52
ACCOMMODATIONS	75	241		108,075.13		448.44	.022		1441.00		10.05

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	75	241		108,075.13	448.44	.022	1441.00	10.05
ANCILLARIES	75	0		155,711.24	.00	.000	2076.15	14.48
INPATIENT CROSSOVERS	75 0 0 924 237 95 420	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	924	3,647		92,025.01	25.23	.339	99.59	8.55
MEDICAL	237	364		11,481.68	31.54	.034	48.45	1.07
SURGERY	95	111		3,404.04	30.67	.010	35.83	.32
PATHOLOGY	420	1,499		17,839.64	11.90	.139	42.48	1.66
RADIOLOGY	268	372		22,631.08	60.84	.035	84.44	2.10
ROOM USE	584	706		26,968.84	38.20	.066	46.18	2.51
CROSSOVERS/ALL OTH OUTPINT		595		9,699.73	16.30	.055	31.09	.90
@COUNTY HOSPITAL TOTAL	9	28	\$	7,848.15	\$ 280.29	.003	\$ 872.02	\$.73
CO HOSPITAL INPATIENT TOTAL	1	5		6,750.01	1350.00	.000	6750.01	.63
HSC HOSPITALS	1	5		6,750.01	1350.00	.000	6750.01	.63
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	0.0			.00
CO HOSP OUTPATIENT TOTAL	9	23		1,098.14	47.75	.002	.00 122.02	.10
MEDICAL	2	2		51.28	25.64	.000	25.64	.00
SURGERY	0	5 5 0 0 0 0 0 0 0 23 2 0 4 1 5		.00	.00	.000	.00	.00
PATHOLOGY	3	4		118.84	29.71	.000	39.61	.01
RADIOLOGY	1	1		82.48	82.48	.000	82.48	.01
ROOM USE	5	5		179.39	35.88	.000	35.88	.02
CROSSOVERS/ALL OTH OUTPINT	5	11		666.15	60.56	.001	133.23	.06
		ES AND EXPENDITUR	ES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DI	EC 2004	PAGE 5,035
MOP024	FEE-FOR-SERVICE							03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR ALL MED	ICALLY	Y INDIGENT				
						MOI	NTHLY AVERA	GE
	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	983	3,982	\$	544,869.24	\$ 136.83	.370	\$ 554.29	\$ 50.65
COMM HOSP INPATIENT TOTAL	106	358		453,942.37	1268.00 1625.26 1094.55 448.44	.033	4282.48	42.20
HSC HOSPITALS	31	117		190,156.00	1625.26	.011	6134.06	17.68
NON-HSC HOSPITALS TOTAL	75	241		263,786.37	1094.55	.022	3517.15	24.52
ACCOMMODATIONS	75	241		108,075.13	448.44	.022	1441.00	10.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	75	241		108,075.13	448.44	.022	1441.00	10.05
ANCILLARIES	106 31 75 75 0 0 75 75	0		155,711.24	.00	.000	2076.15	14.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00 .00 90,926.87	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	915	3,624		90,926.87	25.09	.337	99.37	8.45
MEDICAL	235	362		11,430.40	31.58	.034	48.64	1.06
CIDCEDV	9.5	111		3 101 01	30 67	010	25 02	3.2

3,404.04 17,720.80

22,548.60

26,789.45

9,033.58

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60.78

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.000 \$

35.83

42.50

84.45

46.27

29.43

.00 \$

.32 1.65

2.10

2.49

.00

95 417

267

579

307

0

111

371

701

584

0

1,495

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPINT

ROOM USE

MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	13	452	\$	83 , 561.80	\$ 184.87	.042 \$	6427.83	\$	7.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		1,693.00CR	.00	.000	.00		.16CR
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	72		39,806.80	552.87	.007	39806.80		3.70
LEV B-TRANSITIONAL IP CARE	0			.00	.00	.000	.00		.00
LEV B-REGULAR	12	380		45,448.00	119.60	.035	3787.33		4.22
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$.00	.000 \$		Ś	.00
ICF DDH	0	0	Y	.00	.00	.000	.00	Ψ	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	1	5	Ś	727.03	\$ 145.41	.000 \$		Ċ	.07
HOSPITAL BASED	0	0	Ą	.00	.00	.000 \$.00	ې	.00
HEMODIALYSIS CENTER	1	5		727.03	145.41	.000	727.03		.07
	2		\$					ċ	.02
@REHABILITATION FACILITY	2	7	Þ	245.79	,	.001 \$		Ş	
HOSPITAL BASED	∠			245.79	35.11	.001	122.90		.02
INDEPENDENT FACILITY	0	0	_	.00	.00	.000	.00	_	.00
@LABORATORY FACILITY	377	971	\$	16,145.38	\$ 16.63	.090 \$		\$	1.50
PATHOLOGY	375	969		16,026.38	16.54	.090	42.74		1.49
XO AND OTHERS	2	2		119.00	59.50	.000	59.50		.01
@ORGANIZED OUTPATIENT CLINIC	3 , 212	5 , 190	\$	652 , 322.38	\$ 125.69	.482 \$	203.09	\$	60.64
CLINIC	51	148		3,467.65	23.43	.014	67.99		.32
SURGICENTER	35	180		6,223.20	34.57	.017	177.81		.58
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	3,134	4,862		642,631.53	132.17	.452	205.05		59.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT REI	PORT FOR JAN	2004 THRU DE	C 2004	PA	GE 5,036
MOP024	FEE-FOR-SERVICE	C/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR ALL MEI	DICAI	LLY INDIGENT					
						MON	THLY AVERA	GE -	
10,757 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
· ·		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	414	2,535	\$	33,864.80	\$ 13.36	.236 \$	81.80	\$	3.15
DURABLE MED. EQUIP.	10	. 11		779.29	70.84	.001	77.93		.07
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	76	1,648		20,009.33	12.14	.153	263.28		1.86
AMBULANCES/AIR TRANS	76	1,643		14,589.57	8.88	.153	191.97		1.36
OTHER TRANS	0	1,043		.00	.00	.000	.00		.00
	5	5		5,419.76	1083.95	.000	1083.95		.50
OTHER SERVICES	0	0		•					
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR				.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	35	35		3,675.00	105.00	.003	105.00		.34
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	137	290		2,425.00	8.36	.027	17.70		.23
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
DDOGELLEETGG	^	0		0.0	0.0	000	0.0		0.0

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PROSTHETICS

HOSPICE SERVICES

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

ORTHOTICS

PSYCHOLOGIST

0

0

LOCAL EDUCATION AGENCIES	144	520	5,640.34	10.85	.048	39.17	.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	13	141.08	10.85	.001	14.11	.01
@CALIF. CHILDREN SERVICES*	35	401	\$ 87,920.19	\$ 219.25	.037	\$ 2512.01	\$ 8.17
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,037 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOPUZ4	FEE-FOR-SERVICE											03/14/0
KINGS COUNTY	SUMMARY OF SERV	JICES FOR	RENAL	DIALYSIS		A	ID CODES	71				
								MC		VERA	GE	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS				COST PER
		OR DAYS	OF CAR	E		PER		PER ELIG	USE	R		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000			\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	Ō		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	Ō		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	Ō		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	Ō		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	Ō		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	Ō		0	\$.00	\$.00	.000	\$		\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	-OF-PAYMENT REPOR	RT FOR JAN 200)4 THRU D	EC 2004	PAGE 5,038
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIALYSIS		AID CODES 71	L		
					MC	NTHLY AVERAG	E

						M	ONT	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000	·	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

	_	_					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MONTH	H-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 5,039
MOP024	FEE-FOR-SERVICE/D	ENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SERVIC	ES FOR RENAL DIALYSIS		AID CODES	71		
					MON	THLY AVERAG	GE
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MONTH-	OF-PAYMENT RE	EPORI	FOR JAN 200	04 THRU	DEC	2004	PAGE	5,040
MOP024	FEE-FOR-SERVICE/DENTAL									03	3/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS			AID CODES 73	1				
							M	IONTI	HLY AVERAC	GE	

					MON'	I'HLY AVERAG	近
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
0.1 -0							

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

KINGS COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

AID CODES 73

PAGE 5,041

03/14/05

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 Ś .00 Ś .00 .000 \$.00 \$.00 .000 \$.00 \$ @PHYSICIANS SERVICES 0 0 .00 .00 .00 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 .00 .00 .00 EMERGENCY ROOM .000 .00 .00 PREVENTIVE CARE .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .00 .000 ANESTHESIOLOGIST .00 .00 .00 DIALYSIS .000 PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 .00 RADIOLOGY .000 .00 .00 .00 .000 .00 .00 **PSYCHIATRY** .000 0 .00 .00 .00 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 0 .00 .00 .00 .000 .00 .00 .00 .00 \$ @PHARMACY .000 .00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00 0 SNF/ICF .00 .00 .000 .00 .00 OUTPATIENTS .00 .000 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
	0	0	\$		\$				\$	
@DENTIST			Ş	.00	Ş	.00			Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			TIRES N	MONTH-OF-PAYMENT RE	EPORT E				P	AGE 5,042
MOP024	FEE-FOR-SERVICE/		LOINED I	TONIII OF TATMENT IN		OK OAN 2	.001 11110 1	AC 2004	Τ.	03/14/05
KINGS COUNTY	SUMMARY OF SERVI		DARFI	JTERAT. NIITRITTON	ΔΤ	D CODES	73			03/11/03
KINGS COONTI	DOPERATO OF DERIVE	CED FOR TOTAL	LAKUL	VIEWE WOIKIIION	A1	.D CODES		NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERA	GE COST	UNITS/DAYS			COST PER
00 EHICIDHED	COLING	OR DAYS OF CA		DAI BNDI I ORBO		NIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	01 DATS OF CF	\$.00	\$.00		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ÿ	.00	Y	.00	.000	.00	Y	.00
	0	0		.00				.00		
EYE APPLIANCES						.00	.000			.00
OTHER OPTOMETRIC SERVICES	0	0	<u> </u>	.00	^	.00	.000	.00	<u> </u>	.00
@CHIROPRACTOR	U	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	S	.00	.000	\$.00	Ś	.00
HOSP INPATIENT TOTAL	0	0		.00	'	.00	.000	.00	'	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0						.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000			.00
ALL OTHER ACCOM	U	•		.00		.00	.000	.00		.00
ANCILLARIES	U	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
9050 OTTOONTERNIT 41011/01										

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HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

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0

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0

0

CDOCCOVEDC / ALL OMIL OUMDMAN	0	0	0.0	0.0	000	0.0	0.0
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	0	0 0 \$.00	.00	.000 .000 \$.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	Ō	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 5,043
MOP024	FEE-FOR-SERVICE						03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR TOTAL PARENT	ERAL NUTRITION	AID CODES	73		
					MONT	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOCD OHDDARTEND DODAT			0.0	\cap	$\cap \cap \cap$.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		
MEDICAL	0 0	0	.00	.00	.000	.00	.00
MEDICAL SURGERY	0 0 0	0	.00	.00	.000	.00	.00
MEDICAL SURGERY PATHOLOGY	0 0 0 0	0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00	.00
MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0	0 0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0	0 0 0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0	0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$.00	.000 .000 .000 .000 .000 .000 .000 \$.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$.00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$ 0	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$.00 .00	.000 .000 .000 .000 .000 .000 .000 \$.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 \$.00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 \$.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$.00	.000 .000 .000 .000 .000 .000 .000 \$.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 \$.00 .00

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

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LEV B-REHAB MD

LEV B-REGULAR

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ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPORI	FOR JAN	2004 THRU	DEC	2004	PAGE	5,044
MOP024	FEE-FOR-SERVICE/D	ENTAL								03	3/14/05
KINGS COUNTY	SUMMARY OF SERVIC	ES FOR TOTAL	PAREN	ITERAL NUTRITION		AID CODES	73				
							Mo	HTNC	LY AVERA	GE	
00 ELIGIBLES	USERS U	NITS OF SERVIC	Ε	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S C	OST PER	COSI	PER
		OR DAYS OF CAR	Ε		PEF	R UNIT/DAY	PER ELIG		USER	ELIC	SIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK									.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		
HEARING AID DISPENSERS	0	0 0		.00		.00	.000		.00		.00
	0 0 0	0 0 0									.00
HEARING AID DISPENSERS	0 0 0 0	0 0 0 0		.00		.00	.000		.00		
HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0 0 0 0	0 0 0 0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0 0 0 0 0	0 0 0 0 0		.00 .00 .00		.00	.000 .000 .000		.00		.00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	0 0 0 0 0 0	0 0 0 0 0 0		.00 .00 .00		.00	.000 .000 .000		.00 .00 .00		.00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0 0 0 0 0 0	0 0 0 0 0 0		.00 .00 .00 .00		.00	.000 .000 .000 .000		.00 .00 .00 .00		.00 .00 .00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0 0 0 0 0 0 0	0 0 0 0 0 0 0		.00 .00 .00 .00 .00		.00 .00 .00 .00	.000 .000 .000 .000 .000		.00 .00 .00 .00		.00

OPTICIAN 0 0 .00 .00 .00 .00 .00 PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .00 PROSTHETICS 0 0 .00 .00 .00 .00 .00 ORTHOTICS 0 0 .00 .00 .00 .00 .00	.00
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .00 PROSTHETICS 0 0 .00 .00 .00 .00 .00 ORTHOTICS 0 0 .00 .00 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 PROSTHETICS 0 0 .00 .00 .00 .00 ORTHOTICS 0 0 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 PROSTHETICS 0 0 .00 .00 .00 .00 ORTHOTICS 0 0 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00 ORTHOTICS 0 0 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00	.00
	.00
	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 0	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,045 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

KINGS COONII	DOMINANT OF DEIN	VICES FOR INCA ALIENS	AID	CODED 31 32 30	57		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU I	DEC 2004	PAGE 5,046
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

KINGS COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 .00 \$ @OPTOMETRIST .00 .000 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$.00 @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 .00 NURSE MIDWIFE .00 \$.00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 .00 @TOTAL HOSPITAL .00 .00 .000 \$.00 \$.00 HOSP INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 5	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-	PAYMENT RE	PORT FOR JAN	2004 THRU DEC	2004	PAGE 5,047
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIE	ENS	AID C	ODES 51 52 56			
						MONT	HLY AVERAG	E

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00 \$	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00 \$	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00 \$	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00 \$	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00 \$	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF	-PAYMENT REPO	ORT FOR JAN 2004	THRU	DEC 200	4	PAGE	5,048
MOP024	FEE-FOR-SERVICE/DENTAL								03	/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	IRCA AL	IENS	AID COI	DES 51 52 56 57					

NINGS COUNTI	SUMMARI OF SER	VICES FOR IRCA ALI	CND	AID (TODES 31 32 36	57		
						MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	Ş	.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,049

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					MON	THLY AVERA	GE
2,838 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	956	6 , 151 \$	633 , 848.58	\$ 103.05	2.167 \$	663.02	\$ 223.34
@PHYSICIANS SERVICES	335	1 , 052 \$	65 , 123.71	\$ 61.90	.371 \$	194.40	\$ 22.95
OUTPATIENT VISITS	187	484	18,959.24	39.17	.171	101.39	6.68
OFFICE VISITS	14	17	540.86	31.82	.006	38.63	.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	84	91	6 , 518.87	71.64	.032	77.61	2.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	97	374	11,819.58	31.60	.132	121.85	4.16
OTHER OUTPATIENT	2	2	79.93	39.97	.001	39.97	.03
INPATIENT VISITS	43	112	4,982.23	44.48	.039	115.87	1.76
HOSPITAL VISITS	43	112	4,982.23	44.48	.039	115.87	1.76
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	64	137	32 , 343.31	236.08	.048	505.36	11.40
PRINCIPAL SURGEON	55	58	29 , 762.30	513.14	.020	541.13	10.49
ASSISTANT SURGEON	7	7	1,305.50	186.50	.002	186.50	.46
ANESTHESIOLOGIST	7	72	1,275.51	17.72	.025	182.22	.45
OUTPATIENT SURGERY	19	77	1,807.65	23.48	.027	95.14	.64
PRINCIPAL SURGEON	14	19	1,289.00	67.84	.007	92.07	.45

0	0		.00		.00	.000		.00		.00
5	58		518.65		8.94	.020		103.73		.18
0	0		.00		.00	.000		.00		.00
35	63		1,179.81		18.73	.022		33.71		.42
80	111		4,263.74		38.41	.039		53.30		1.50
0	0		.00		.00	.000		.00		.00
1	1		10.93		10.93	.000		10.93		.00
55	67		1,576.80		23.53	.024		28.67		.56
379	1,238	\$	37,235.85	\$	30.08	.436	\$	98.25	\$	13.12
361	885		32,394.94		36.60	.312		89.74		11.41
1	1		422.99		422.99	.000		422.99		.15
360	884		31,971.95		36.17	.311		88.81		11.27
35	353		4,840.91		13.71	.124		138.31		1.71
12	31	\$	746.25	\$	24.07	.011	\$	62.19	\$.26
9	22		214.25		9.74	.008		23.81		.08
3	3		45.00		15.00	.001		15.00		.02
0	1		5.00		5.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		142.00		.00	.000		.00		.05
0	4		340.00		85.00	.001		.00		.12
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0									.00
0	0		.00		.00	.000		.00		.00
0	0					.000				.00
0	0									.00
4	1									.00
	XPENDIT	URES M	ONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004		•
										03/14/05
SUMMARY OF SERVICES FOR	MI/MN	ALIEN	WITHOUT SIS AID	CODE	55 58 5F					
	80 0 1 55 379 361 1 360 35 12 9 3 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 35 63 80 1111 0 0 0 11 1 1 1 55 67 379 1,238 361 885 1 1 1 360 884 35 353 12 31 9 222 3 3 3 0 12 31 9 222 3 3 3 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 35 63 80 1111 0 0 0 1 1 1 1 55 67 67 379 1,238 \$ 361 885 1 1 360 884 35 353 12 31 \$ 9 22 3 3 3 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 58 518.65 0 0 0 .00 35 63 1,179.81 80 111 4,263.74 0 0 0 .00 1 1 1 1 .093 55 67 1,576.80 379 1,238 \$ 37,235.85 361 885 32,394.94 1 1 422.99 360 884 31,971.95 35 353 4,840.91 12 31 \$ 746.25 9 22 214.25 3 3 3 45.00 0 1 5.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	5 58 518.65 0 0 0 0 .00 35 63 1,179.81 80 111 4,263.74 0 0 0 .00 1 1 1 10.93 55 67 1,576.80 379 1,238 \$ 37,235.85 \$ 361 885 32,394.94 1 1 422.99 360 884 31,971.95 35 353 4,840.91 12 31 \$ 746.25 \$ 9 22 214.25 3 3 3 45.00 0 1 5.00 0 0 0 .00 0 0 0 142.00 0 0 0 142.00 0 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 0 00 0 0 0 0 00 0 0 0 00 0 0 0 00 0 0 0 00 0 0 0 00 0 0 0 00 0 0 0 00 0 0 0 0 00 0 0 0 00 0 0 0 00 0 0 0 00 0 0 0 00 0 0 0 00 0 0 0 00 0 0 0 0 00 0 0 00 0 00 0 0 00 0 0 00 0 0 00 0 0 00 0 0 00 0 0 00 0 0 00 0 0 00 0 0 0	5 58 518.65 8.94 0 0 .00 .00 35 63 1,179.81 18.73 80 111 4,263.74 38.41 0 0 .00 .00 1 1 10.93 10.93 55 67 1,576.80 23.53 379 1,238 37,235.85 \$ 30.08 361 885 32,394.94 36.60 1 1 422.99 422.99 360 884 31,971.95 36.17 35 353 4,840.91 13.71 12 31 746.25 24.07 9 22 214.25 9.74 3 3 45.00 15.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0	5 58 518.65 8.94 .020 0 0 .00 .00 .000 35 63 1,179.81 18.73 .022 80 111 4,263.74 38.41 .039 0 0 .00 .00 .00 1 1 10.93 10.93 .00 55 67 1,576.80 23.53 .024 379 1,238 \$ 37,235.85 \$ 30.08 .436 361 885 32,394.94 36.60 .312 1 1 422.99 422.99 .000 360 884 31,971.95 36.17 .311 35 353 4,840.91 13.71 .124 12 31 746.25 24.07 .011 9 22 214.25 9.74 .008 3 3 45.00 5.00 .000 0 0 .00 .00 .00	5 58 518.65 8.94 .020 0 0 .00 .00 .000 35 63 1,179.81 18.73 .022 80 111 4,263.74 38.41 .039 0 0 .00 .00 .00 1 1 10.93 10.93 .000 55 67 1,576.80 23.53 .024 379 1,238 \$ 37,235.85 \$ 30.08 .436 \$ 361 885 32,394.94 36.60 .312 1 1 422.99 .000 360 884 31,971.95 36.17 .311 .31 .35 .353 .4840.91 13.71 .124 .12 31 \$ 746.25 \$ 24.07 .011 \$.9 .22 .214.25 9.74 .008 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	5 58 518.65 8.94 .020 103.73 0 0 .00 .00 .00 .00 35 63 1,179.81 18.73 .022 33.71 80 111 4,263.74 38.41 .039 53.30 0 0 .00 .00 .000 .00 1 1 10.93 10.93 .000 10.93 55 67 1,576.80 23.53 .024 28.67 379 1,238 \$ 37,235.85 \$ 30.08 .436 \$ 98.25 361 885 32,394.94 36.60 .312 89.74 1 1 422.99 422.99 .000 422.99 360 884 31,971.95 36.17 .311 88.81 35 353 4,840.91 13.71 .124 138.31 12 31 746.25 \$ 24.07 .011 \$ 62.19 9 22 214.25	5 58 58 518.65 8.94 .020 103.73 0 0 0 0 .000 .000 .000 35 63.30 1,179.81 18.73 .022 33.71 80 111 4,263.74 38.41 .039 53.30 0 0 0 0 .00 .00 .000 .000 .000 .0

KINGB COONII	BOTHER OF BER	VICES FOR THYTH	711111	WIIIIOOI DID MID	СОРЫ	33 30 31	ħΛ	\bigcirc NTII	ת מיינות על דווח	CE	
0.000 51 50 50 50	Hanna		~ =						THLY AVERA	UL	
2,838 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CA	RE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	11	16	\$	758.26	\$	47.39	.006	\$	68.93	\$.27
NURSE ANESTHESIST	8	22	\$	713.33	\$	32.42	.008	\$	89.17	\$.25
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	126.31	\$	126.31	.000	\$	126.31	\$.04
@TOTAL HOSPITAL	259	1,184	\$	375,726.74	\$	317.34	.417	\$	1450.68	\$	132.39
HOSP INPATIENT TOTAL	75	260		352,212.72		1354.66	.092		4696.17		124.11
HSC HOSPITALS	4	12		13,254.00		1104.50	.004		3313.50		4.67
NON-HSC HOSPITAL TOTAL	71	248		338,958.72		1366.77	.087		4774.07		119.44
ACCOMMODATIONS	70	248		119,494.62		481.83	.087		1707.07		42.11
	, 0	210		==3,131.02			• • • •				

ADMINISTRATIVE DAYS	0 0 70 71 0 0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	70	248	119,494.62	481.83	.087	1707.07	42.11
ANCILLARIES	71	0	219,464.10	.00	.000	3091.04	77.33
INPATIENT CROSSOVERS	71 0 0 203 42	0 0 0 924 58 26	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	203	924	23,514.02	25.45	.326	115.83	8.29
MEDICAL	42	58	1,850.08	31.90	.020	115.83 44.05	.65
SURGERY	24	26	1,146.91	44.11	.009	47.79	.40
PATHOLOGY	42 24 112	444	5,269.36	11.87	.156	47.05	1.86
RADIOLOGY	51	67	5,801.58	86.59	.024	113.76	2.04
ROOM USE	122	156	6,417.03	41.13	.055	52.60	2.26
CROSSOVERS/ALL OTH OUTPINT		173	3,029.06	17.51	.061	37.40	1.07
@COUNTY HOSPITAL TOTAL	2	13	372.58	\$ 28.66	.005	\$ 186.29	\$.13
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	0 0 0 0 0 0 0 0 0 0 0	3,029.06 372.58 .00 .00 .00 .00 .00 .00 .00 .0	28.66	.005	.00 186.29	.13
MEDICAL	0	0 0 12	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	12	71.47	5.96	.004	71.47	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	301.11	301.11	.000	301.11	.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	S MONTH-OF-PAYMENT B	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 5,051
MOP024	FEE-FOR-SERVICE,						03/14/05
KINGS COUNTY	SUMMARY OF SERV	CES FOR MI/MN AL	IEN WITHOUT SIS AID	CODE 55 58 5F			
					MO	NTHLY AVERA	GE
2,838 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	257	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	257	1,171	375,354.16	\$ 320.54	.413	\$ 1460.52	\$ 132.26
COMM HOSP INPATIENT TOTAL	75	260	352,212.72	1354.66 1104.50 1366.77 481.83	.092	4696.17	124.11
HSC HOSPITALS	4	12	13,254.00	1104.50	.004	3313.50	4.67
NON-HSC HOSPITALS TOTAL	71	248	338,958.72	1366.77	.087	4774.07	119.44
ACCOMMODATIONS	70	248	119,494.62	481.83	.087	1707.07	42.11
ADMINISTRATIVE DAYS	0	0	0.0	^^	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	70	248	.00 .00 119,494.62 219,464.10	481.83	.087	1707.07	42.11
ANCILLARIES	71	0	219,464.10	.00	.000	3091.04	77.33
INPATIENT CROSSOVERS	257 75 4 71 70 0 70 71 0	0	.00	.00	.000	.00	.00
		0 911	.00 .00 23,141.44	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	201		23,141.44	25.40	.321	115.13	8.15
MEDICAL	42	58	1,850.08	31.90	.020	44.05	.65
CIDCEDV	2.4	26	1 1/6 01	11 11	000	17 70	40

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122

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156

172

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1,146.91

5,197.89

5,801.58

6,417.03

2,727.95

.00 \$

44.11

12.03

86.59

41.13

15.86

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.061

.000 \$

47.79

46.83

52.60

34.10

.00 \$

113.76

.40

1.83

2.04

2.26

.96

.00

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00		\$		\$.00
ICF DDH	0	0	7	.00	4	.00	.000	7	.00	т.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	19	\$	451.67	\$	23.77	.007	\$	225.84	Ś	.16
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	٣	.00	Ψ	.00
HEMODIALYSIS CENTER	2	19		451.67		23.77	.007		225.84		.16
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś		\$.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	٧	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	222	571	\$	8,061.94	\$	14.12	.201	Ċ	36.32	Ċ	2.84
PATHOLOGY	222	570	Ÿ	8,002.44	Ÿ	14.04	.201	Y	36.05	Y	2.82
XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.02
@ORGANIZED OUTPATIENT CLINIC	367		\$	134,373.58	\$	107.84	.439	\$	366.14	ċ	47.35
CLINIC CLINIC	8	1,246 17	Ą	370.46	Ą	21.79	.439	Ą	46.31	Ą	.13
SURGICENTER	0	0		.00		.00	.000		.00		.13
	0	0		.00		.00					
HEROIN DETOX CLINIC						109.03	.000		.00		.00
RURAL HEALTH CLINIC	359	1,229	DEC 1	134,003.12			.433	D = 0	373.27	ъ.	47.22
#CALIF DEPT OF HEALTH SERV MOP024			RES N	MONTH-OF-PAYMENT I	KEPOR	T FOR JAN 2	2004 THRU .	DEC	2004	PA	AGE 5,052 03/14/05
	FEE-FOR-SERVICE	•	7 T T T T T T T T T T T T T T T T T T T	I WITHIION OTO ATD	CODE	0 - - -					03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MI/MN	ALIEN	N WITHOUT SIS AID	CODE	55 58 5F	7.4	ONTH.	III V 7.7ED7	C E	
2 020 ELICIDIES	HCEDC	INTER OF CEDITO	T.	EADENDIMIDEC	7. 7. 7.	ERAGE COST	MO		nli Avera COST PER		COST PER
2,838 ELIGIBLES	USERS	UNITS OF SERVIC OR DAYS OF CAR		EXPENDITURES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	80	OR DAIS OF CAR	.r. S	10,530.94	\$	13.66	.272		131.64		3.71
	0	0	Ą	10,330.94	Ą	.00	.000	Ą	.00	Ą	.00
DURABLE MED. EQUIP. BLOOD BANK	0	0		.00		.00	.000		.00		.00
	1	2									
HEARING AID DISPENSERS	34	723		50.00 5,737.14		25.00 7.94	.001 .255		50.00 168.74		.02 2.02
MEDICAL TRANSPORTATION	34	723		,							
AMBULANCES/AIR TRANS	0	723		5,737.14		7.94	.255		168.74		2.02
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	•	•		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	40	40		4,200.00		105.00	.014		105.00		1.48
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	6	6		543.80		90.63	.002		90.63		.19
PROSTHETICS	6	6		543.80		90.63	.002		90.63		.19

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SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

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LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	19	344	\$ 12,751.16	\$ 37.07	.121	\$ 671.11	\$ 4.49
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,053
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY	SUMMARY OF SERV	JICES FOR	REFUGEE	S	AID	CODES	01 02 08	0A				
								MC	NTF	HLY AVERA	GE -	
10 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER	(COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@TOTAL, ALL PROVIDERS	1		18	\$	234.00	\$	13.00	1.800	\$	234.00	\$	23.40
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	1		18	\$	234.00	\$	13.00	1.800	\$	234.00	\$	23.40
VISITS - DIAGNOSTIC	1		18		234.00		13.00	1.800		234.00		23.40
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00

PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXE	PENDITURE	ES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	EC 2004	PA	AGE 5,054
MOP024	FEE-FOR-SERVICE/	DENTAL								03/14/05
KINGS COUNTY	SUMMARY OF SERVI	CES FOR	REFUGEES	3	AID C	CODES 01 02 08	0A			
							MON	THLY AVERA	GE -	
10 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000	.00		.00
EYE APPLIANCES	0		0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	.00	\$.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00		.00
OTHER	0		0		.00	.00	.000	.00		.00
GHOME HEALTH ACENCY	Ω		Λ	Ś	0.0	\$ 00	000		Ċ	$\cap \cap$

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\$ \$ \$

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

.00 \$

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FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
NON-HSC HOSPITAL TOTAL	0	0			.000		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Û	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 \$					
@COUNTY HOSPITAL TOTAL	U	U \$.00		.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ROOM USE	U	U					
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 5,055
MOP024	FEE-FOR-SERVIC	E/DENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SER	VICES FOR REFUGEES	AID (CODES 01 02 08	0A		
					MON	THLY AVERA	GE
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
_,,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
-	0	•		·			
COMM HOSP INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	n	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0										
CROSSOVERS/ALL OTH OUTPTNT	. 0	0	_	.00	_	.00	.000	_	.00	_	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	n	0		.00		.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	. 0	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ü	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0									.00
ICF DDN/DDCN	0		<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	^	
@HEMODIALYSIS TOTAL	Ü	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	Ô	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	•	Ą		Ş			Ą		ې	
PATHOLOGY	U	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		EC MOI		E DODE			DEC 20		DACE	
			ES MOI	NTH-OF-PAIMENT R	EPORT	FOR JAN 2	2004 THRU	DEC 20	04	PAGE	•
MOP024	FEE-FOR-SERVICE/D						_			0.	3/14/05
KINGS COUNTY	SUMMARY OF SERVIC	ES FOR REFUGEE:	S	AID	CODES	01 02 08					
							M		AVERA	GE	
10 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S COS	T PER	COST	Γ PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIC		SER	ELIC	GIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
DURABLE MED. EQUIP.	0	0	7	.00	т.	.00	.000	т.	.00	Т	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0									
HEARING AID DISPENSERS	U	U		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	O	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	Õ	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
		-									
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST		_		0.0		0.0	000		0.0		.00
	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY PROSTHETIST/ORTHOTISTS											

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,057

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

					MON	THLY AVERAG	E
178 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	241	5,543 \$	325,610.84	\$ 58.74	31.140 \$	1351.08	\$ 1829.27
@PHYSICIANS SERVICES	161	3,781 \$	187,155.75	\$ 49.50	21.242 \$	1162.46	\$ 1051.44
OUTPATIENT VISITS	94	185	6,120.11	33.08	1.039	65.11	34.38
OFFICE VISITS	86	169	4,931.07	29.18	.949	57.34	27.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	16	1,189.04	74.32	.090	118.90	6.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	72	2,905.62	40.36	.404	363.20	16.32
HOSPITAL VISITS	8	72	2,905.62	40.36	.404	363.20	16.32
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	199	6,278.02	31.55	1.118	448.43	35.27
PRINCIPAL SURGEON	7	10	4,753.72	475.37	.056	679.10	26.71
ASSISTANT SURGEON	2	2	329.86	164.93	.011	164.93	1.85
ANESTHESIOLOGIST	8	187	1,194.44	6.39	1.051	149.31	6.71
OUTPATIENT SURGERY	11	27	1,799.00	66.63	.152	163.55	10.11
PRINCIPAL SURGEON	9	11	1,527.98	138.91	.062	169.78	8.58
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	271.02	16.94	.090	135.51	1.52
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	45	191	2,847.31	14.91	1.073	63.27	16.00
RADIOLOGY	49	365	29,580.64	81.04	2.051	603.69	166.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	58	2 , 571			14.444	2302.33	750.20
OTHER SERVICES/ALL X-OVERS	62	171	4,090.12	23.92	.961	65.97	22.98
@PHARMACY	123	1,070 \$	26,401.09	\$ 24.67	6.011 \$	214.64	\$ 148.32
PRESCRIPTION DRUGS	119	356	25,626.95	71.99	2.000	215.35	143.97
SNF/ICF	0	0	.00		.000	.00	.00
OUTPATIENTS	119	356	25 , 626.95	71.99	2.000	215.35	143.97

MEDICAL SUPPLIES	11	71	4	774.14		1.08	4.011		70.38		4.35
@DENTIST	4	2		1,113.00	\$	46.38	.135	Ś	278.25	Ś	6.25
VISITS - DIAGNOSTIC	3	1		230.00	т	13.53	.096	т	76.67	Τ	1.29
ORAL SURGERY	1		1	85.00		85.00	.006		85.00		.48
DRUGS	0		0	.00		.00	.000		.00		.00
ANESTHESIA	0		0	.00		.00	.000		.00		.00
PERIODONTICS	2		2	236.00		118.00	.011		118.00		1.33
ENDODONTICS	1		1	330.00		330.00	.006		330.00		1.85
RESTORATIVE DENTISTRY	2		3	232.00		77.33	.017		116.00		1.30
PROSTHETICS	0		0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0	.00		.00	.000		.00		.00
•	0		0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0								
MAXILLOFACIAL SERVICES	0		0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0	.00			.000		.00		.00
ORTHODONTIC SERVICES	0		0	.00		.00	.000		.00		.00
ALL OTHER SERVICES			-	.00		.00	.000	550	.00	_	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES		ITURES MON'	I'H-OF-PAYMEN'I' F	REPOR	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 5,058
	FEE-FOR-SERVICE/D		mp perpenar	7	TD C	ODEC OM ON	OD				03/14/05
KINGS COUNTY	SUMMARY OF SERVIC	LS FOR BCC	TP-FEDERAL	P	AID C	ODES OM ON		ONITH.	III V 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE	
178 ELIGIBLES	USERS U	NIEC OF CED	VI CE	EXPENDITURES	70.5.7		M				
1/0 FFIGIPTE2		NITS OF SER OR DAYS OF		EVLENDIIOKES		ERAGE COST R UNIT/DAY			USER		COST PER ELIGIBLE
A O DELOMBED I CE		OR DAIS OF		224 01		21.60	.084		81.00		1.82
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	4 3		э ş З	324.01 142.35	\$	47.45	.084	Ş	47.45	Ş	.80
	3 4	1		181.66					47.45		1.02
EYE APPLIANCES	0		0			15.14	.067				
OTHER OPTOMETRIC SERVICES	0		0 0 \$.00	Ċ	.00	.000	ć	.00	ċ	.00
@CHIROPRACTOR	0		0 \$ 0	.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0			.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	0		· ·	.00	\$.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS			0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00	_	.00	.000	_	.00	_	.00
@HOME HEALTH AGENCY	6		4 \$	1,663.74	\$	69.32	.135		277.29	\$	9.35
NURSE ANESTHESIST	0		0 \$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0 \$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0 \$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0		0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	82	34		82 , 672.03	\$		1.949	\$	1008.20	\$	464.45
HOSP INPATIENT TOTAL	12	4		73,014.58		1698.01	.242		6084.55		410.19
HSC HOSPITALS	2		1	22 , 580.00		1075.24	.118		11290.00		126.85
NON-HSC HOSPITAL TOTAL	10		2	50,434.58		2292.48	.124		5043.46		283.34
ACCOMMODATIONS	10		2	7,411.58		336.89	.124		741.16		41.64
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	2		7,411.58		336.89	.124		741.16		41.64
ANCILLARIES	10		0	43,023.00		.00	.000		4302.30		241.70
INPATIENT CROSSOVERS	0		0	.00		.00	.000		.00		.00
ALL OTHER INDATIFNT	Ω		Λ	0.0		$\cap \cap$	000		0.0		0.0

9,657.45

695.56

269.01

2,264.67

4,983.29

1,203.02

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92.54

171.84

77.28

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54.26

3.91

1.51

12.72

28.00

6.76

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

76

9

4

57

29

13

0

304

22

191

45

COUNTY HOSPITAL TOTAL
HSC HOSPITALS
NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ACCOMMODATIONS 0 0 0 0 00 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 00 00 00 00 00 00 00 00 00 00
ADMINISTRATIVE DAYS 0 0 0 0 00 00 00 00 00 00 00 00 00 00
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
INPATIENT CROSSOVERS
ALL OTHER INPATIENT O
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
MEDICAL 0 0 .00 .00 .000
SURGERY PATHOLOGY O O O O O O O O O O O O O O O O O O
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT CROSSOVERS/ALL OTH OUTPINT CROSSOVERS/ALL OTH OUTPINT MOP024 KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL O O O O O O O O O O O O O
RADIOLOGY ROOM USE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ROOM USE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,059 MOP024 FEE-FOR-SERVICE/DENTAL KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P MONTHLY AVERAGE
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P MONTHLY AVERAGE
KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P MONTHLY AVERAGE
MONTHLY AVERAGE
178 ELIGIBLES - USERS UNITS OF SERVICE - EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 82 347 \$ 82,672.03 \$ 238.25 1.949 \$ 1008.20 \$ 464.45
COMM HOSP INPATIENT TOTAL 12 43 73,014.58 1698.01 .242 6084.55 410.19
HSC HOSPITALS 2 21 22,580.00 1075.24 .118 11290.00 126.85
NON-HSC HOSPITALS TOTAL 10 22 50,434.58 2292.48 .124 5043.46 283.34
ACCOMMODATIONS 10 22 7,411.58 336.89 .124 741.16 41.64
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00

ALL OTHER ACCOM	10	22	7,411.58		336.89	.124	741.16		41.64
ANCILLARIES	10	0	43,023.00		.00	.000	4302.30		241.70
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0 76	304	9,657.45		31.77	1.708	127.07		54.26
MEDICAL	9	22	695.56		31.62	.124	77.28		3.91
	4	4	269.01			.022			1.51
SURGERY					67.25		67.25		
PATHOLOGY	57	191	2,264.67		11.86	1.073	39.73		12.72
RADIOLOGY	29	45	4,983.29		110.74	.253	171.84		28.00
ROOM USE	13	22	1,203.02		54.68	.124	92.54		6.76
CROSSOVERS/ALL OTH OUTPINT	6	20	241.90		12.10	.112	40.32		1.36
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	·	.00	.000	.00	·	.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000		ċ	.00
-	0	0 \$		Ş				Ş	
LEV A-INTERMEDIATE	U	•	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000		Ś	.00
ICF DDH	0 0 0 0 0 0 0 0 0 0 0 0 30 30	0	.00	٧	.00	.000	.00	Y	.00
ICF DDH	0	•							
ICF DD	U	0	.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000		Ś	.00
HOSPITAL BASED	0	0	.00	т	.00	.000	.00	4	.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0			<u>^</u>				^	
@LABORATORY FACILITY	30	128 \$	3,131.47	\$	24.46	.719		\$	17.59
PATHOLOGY	30	128	3,131.47		24.46	.719	104.38		17.59
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	47	108 \$	20,943.72	\$	193.92	.607	\$ 445.61	\$	117.66
CLINIC	3	5	115.00		23.00	.028	38.33		.65
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	46	103	20,828.72		202.22	.579	452.80		117.02
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MONT						D	AGE 5,060
	FEE-FOR-SERVICE		In-OF-PAIMENT K	EPURI	FOR JAN 2	2004 IHRU I	JEC 2004	P	
MOP024						0 =			03/14/05
KINGS COUNTY	SUMMARY OF SERVI	CES FOR BCCTP-FEDERAL	A	ID CO	DES 0M 0N				
							ONTHLY AVER	AGE	
178 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	13	46 \$	2,206.03	\$	47.96	.258	\$ 169.69	\$	12.39
DURABLE MED. EQUIP.	4					.045			6.44
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
	•								
MEDICAL TRANSPORTATION	3	21	318.55		15.17	.118	106.18		1.79
AMBULANCES/AIR TRANS	2	13	275.45		21.19	.073	137.73		1.55
OTHER TRANS	1	8	43.10		5.39	.045	43.10		.24
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE IESTING	O	U	.00		.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	128.28	11.66	.062	25.66	.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	6	612.86	102.14	.034	306.43	3.44
PROSTHETICS	2	6	612.86	102.14	.034	306.43	3.44
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 24.00	\$ 24.00	.006	\$ 24.00	\$.13

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,061 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

ILINGS COONTI	DOMESTIC OF DELL	VICED FOR DCCIF D.	MID ON	י עדט	CODED ON OI	00 00		
						MOI	NTHLY AVERA	AGE
95 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/D	AY PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	76	925	\$	42,841.31	\$ 46.31	9.737	\$ 563.70	\$ 450.96
@PHYSICIANS SERVICES	49	791	\$	31,310.85	\$ 39.58	8.326	\$ 639.00	\$ 329.59
OUTPATIENT VISITS	28	45		1,280.10	28.45	.474	45.72	13.47
OFFICE VISITS	27	42		1,082.82	25.78	.442	40.10	11.40
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3		197.28	65.76	.032	65.76	2.08
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	8		80.25	10.03	.084	80.25	.84
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00		.00	.00
ANESTHESIOLOGIST	1	8		80.25	10.03	.084	80.25	.84
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	19		405.48	21.34	.200	33.79	4.27
RADIOLOGY	21	101		8,448.98	83.65		402.33	88.94
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	12	584	20,334.64	34.82	6.147	1694.55	214.05
OTHER SERVICES/ALL X-OVERS	10	34	761.40	22.39	.358	76.14	8.01
@PHARMACY	25	41 \$	2,386.00	\$ 58.20	.432	\$ 95.44	\$ 25.12
PRESCRIPTION DRUGS	25	41	2,386.00	58.20	.432	95.44	25.12
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	25	41	2,386.00	58.20	.432	95.44	25.12
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 5,062
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

KINGS COUNTI	SUMMARI OF SERVI	CES FOR	DCCIF-3.	TAIE-ONI	I AID	CODE	2 OK 01 00					
								Mo	ГИС	'HLY AVERA	GE.	
95 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		8	\$	584.88	\$	73.11	.084	\$	584.88	\$	6.16
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	23		71	\$	7,334.85	\$	103.31	.747	\$	318.91	\$	77.21
HOSP INPATIENT TOTAL	1		1		3,991.14		3991.14	.011		3991.14		42.01
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		1		3,991.14		3991.14	.011		3991.14		42.01
ACCOMMODATIONS	1		1		307.80		307.80	.011		307.80		3.24
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		1		307.80		307.80	.011		307.80		3.24
ANCILLARIES	1		0		3,683.34		.00	.000		3683.34		38.77
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	22	70	3,343	.71	47.77	.737	151.99	35.20
MEDICAL	1	1		.24	10.24	.011	10.24	.11
SURGERY	1	1	63	.70	63.70	.011	63.70	.67
PATHOLOGY	17	41	516	.00	12.59	.432	30.35	5.43
RADIOLOGY	13	19	2,480	.89	130.57	.200	190.84	26.11
ROOM USE	2	3	214	.49	71.50	.032	107.25	2.26
CROSSOVERS/ALL OTH OUTPINT	1	5	58	.39	11.68	.053	58.39	.61
@COUNTY HOSPITAL TOTAL	0	0 \$	S	.00 \$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYME	NT REPOR	RT FOR JAN	2004 THRU	DEC 2004	PAGE 5,063
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	BCCTP-STA	ATE-ONLY	AID CODE	S OR OT OU	0V		

KINGS COUNTI	SOUTHWELL OF SERV	LCES FOR	DCCIF-2	TAIE-ON	TI MID	COD.	ES OK OI OO	0 0				
								M	ONT	HLY AVERA	GE	
95 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	A'	VERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			P.	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23		71	\$	7,334.85	\$	103.31	.747	\$	318.91	\$	77.21
COMM HOSP INPATIENT TOTAL	1		1		3,991.14		3991.14	.011		3991.14		42.01
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1		1		3,991.14		3991.14	.011		3991.14		42.01
ACCOMMODATIONS	1		1		307.80		307.80	.011		307.80		3.24
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		1		307.80		307.80	.011		307.80		3.24
ANCILLARIES	1		0		3,683.34		.00	.000		3683.34		38.77
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	22		70		3,343.71		47.77	.737		151.99		35.20
MEDICAL	1		1		10.24		10.24	.011		10.24		.11
SURGERY	1		1		63.70		63.70	.011		63.70		.67
PATHOLOGY	17		41		516.00		12.59	.432		30.35		5.43
RADIOLOGY	13		19		2,480.89		130.57	.200		190.84		26.11
ROOM USE	2		3		214.49		71.50	.032		107.25		2.26
CROSSOVERS/ALL OTH OUTPTNT	1		5		58.39		11.68	.053		58.39		.61
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00		.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	5	\$	81.31	\$	16.26	.053	\$	40.66	\$.86
PATHOLOGY	2	5		81.31		16.26	.053		40.66		.86
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	470.21	\$	156.74	.032	\$	235.11	\$	4.95
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	3		470.21		156.74	.032		235.11		4.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDIT	URES MONT	TH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	PAG	E 5,064
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERVIC	ES FOR BCCTP	-STATE-ON	NLY AID	CODES	OR OT OU	0V				
							M	ONTE	HLY AVERA	GE	
95 ELIGIBLES	USERS U	NITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	CO	ST PER
		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIG		USER	EL	IGIBLE
@ALL OTHER PROVIDERS	6	6	\$	673.21	\$	112.20	.063	\$	112.20	\$	7.09
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	2		121.75		60.88	.021		60.88		1.28

AMBULANCES/AIR TRANS	2	2	121.	75	60.88	.021	60.88	1.28
OTHER TRANS	0	0		00	.00	.000	.00	.00
OTHER SERVICES	0	0		00	.00	.000	.00	.00
ACUPUNCTURE	0	0		00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		00	.00	.000	.00	.00
OPTICIAN	0	0		00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	4	551.	46	137.87	.042	137.87	5.80
PROSTHETICS	4	4	551.	46	137.87	.042	137.87	5.80
ORTHOTICS	0	0		00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.	00 \$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.	00 \$.00	.000	\$.00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,065
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

COLUMNIC OF CEL	VIOLO IOIN DOOII IOINE					
				MON	NTHLY AVERAG	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
317	6,468 \$	368,452.15	\$ 56.97	23.692	\$ 1162.31	\$ 1349.64
210	4 , 572 \$	218,466.60	\$ 47.78	16.747	\$ 1040.32	\$ 800.24
122	230	7,400.21	32.17	.842	60.66	27.11
113	211	6,013.89	28.50	.773	53.22	22.03
0	0	.00	.00	.000	.00	.00
13	19	1,386.32	72.96	.070	106.64	5.08
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
8	72	2,905.62	40.36	.264	363.20	10.64
8	72	2,905.62	40.36	.264	363.20	10.64
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
14	199	6,278.02	31.55	.729	448.43	23.00
7	10	4,753.72	475.37	.037	679.10	17.41
2	2	329.86	164.93	.007	164.93	1.21
8	187	1,194.44	6.39	.685	149.31	4.38
12	35	1,879.25	53.69	.128	156.60	6.88
9	11	1,527.98	138.91	.040	169.78	5.60
	317 210 122 113 0 13 0 0 0 0 0 0 0 0	OR DAYS OF CARE 317	OR DAYS OF CARE 317	OR DAYS OF CARE 317	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG PER UNIT/DAY 317 6,468 \$ 368,452.15 \$ 56.97 23.692 \$ 210 210 4,572 \$ 218,466.60 \$ 47.78 16.747 \$ 122 122 230 7,400.21 32.17 .842 113 211 6,013.89 28.50 .773 0 0 .00 .00 .00 13 19 1,386.32 72.96 .070 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 .000 0 0 .00 .00 .000	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 317 6,468 \$ 368,452.15 \$ 56.97 23.692 \$ 1162.31 210 4,572 \$ 218,466.60 \$ 47.78 16.747 \$ 1040.32 122 230 7,400.21 32.17 .842 60.66 113 211 6,013.89 28.50 .773 53.22 0 0 .00 .00 .00 .00 .00 13 19 1,386.32 72.96 .070 106.64 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	24		351.27		14.64	.088		117.09		1.29
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	57	210		3,252.79		15.49	.769		57.07		11.91
RADIOLOGY	70	466		38,029.62		81.61	1.707		543.28		139.30
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	70	3,155		153,869.57		48.77	11.557		2198.14		563.62
OTHER SERVICES/ALL X-OVERS	72	205		4,851.52		23.67	.751		67.38		17.77
@PHARMACY	148	1,111	\$	28,787.09	\$	25.91	4.070	\$	194.51	\$	105.45
PRESCRIPTION DRUGS	144	397		28,012.95		70.56	1.454		194.53		102.61
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	144	397		28,012.95		70.56	1.454		194.53		102.61
MEDICAL SUPPLIES	11	714		774.14		1.08	2.615		70.38		2.84
@DENTIST	4	24	\$	1,113.00	\$	46.38	.088	\$	278.25	\$	4.08
VISITS - DIAGNOSTIC	3	17		230.00		13.53	.062		76.67		.84
ORAL SURGERY	1	1		85.00		85.00	.004		85.00		.31
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		236.00		118.00	.007		118.00		.86
ENDODONTICS	1	1		330.00		330.00	.004		330.00		1.21
RESTORATIVE DENTISTRY	2	3		232.00		77.33	.011		116.00		.85
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	RENDIT	URES M	ONTH-OF-PAYMENT RI	EPORI	FOR JAN	2004 THRU	DEC	2004	P	AGE 5,066
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	BCCTF	-TOTAL								

KINGD COOKII	BOILDING OF BEIN	VICED TON BEET I	011111					 	с п	
								THLY AVERA	GE	
273 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	4	15	\$	324.01	\$	21.60	.055	\$ 81.00	\$	1.19
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.011	47.45		.52
EYE APPLIANCES	4	12		181.66		15.14	.044	45.42		.67
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	7	32	\$	2,248.62	\$	70.27	.117	\$ 321.23	\$	8.24
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	105	418	\$	90,006.88	\$	215.33	1.531	\$ 857.21	\$	329.70
HOSP INPATIENT TOTAL	13	44		77,005.72		1750.13	.161	5923.52		282.07
HSC HOSPITALS	2	21		22,580.00		1075.24	.077	11290.00		82.71
NON-HSC HOSPITAL TOTAL	11	23		54,425.72		2366.34	.084	4947.79		199.36
ACCOMMODATIONS	11	23		7,719.38		335.63	.084	701.76		28.28

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	23	7,719.38	335.63	.084	701.76	28.28
ANCILLARIES	11	0	46,706.34	.00	.000	4246.03	171.09
INPATIENT CROSSOVERS	11 0 0 98	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0.0	374		34.76	1.370	132.66	47.62
HOSP OUTPATIENT TOTAL	98 10		13,001.16				
MEDICAL	10	23	705.80	30.69	.084	70.58	2.59
SURGERY	5	5	332.71	66.54	.018	66.54	1.22
PATHOLOGY	74	232	2,780.67	11.99	.850	37.58	10.19
RADIOLOGY	42	64	7,464.18	116.63	.234	177.72	27.34
ROOM USE	15	25	1,417.51	56.70	.092	94.50	5.19
CROSSOVERS/ALL OTH OUTPINT	7	25	300.29	12.01	.092	42.90	1.10
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE		0			.000		
ALL OTHER ACCOM	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	•	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES MOI					PAGE 5,067
MOP024			NIH-OF-PAIMENI R	EPORI FOR JAN 2	2004 IRKO DE	LC 2004	03/14/05
	FEE-FOR-SERVICE						03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-TOTAL					~=
000							GE
273 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_	105	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105	418 \$	90,006.88	\$ 215.33	1.531 \$		•
COMM HOSP INPATIENT TOTAL	13	44	77,005.72	1750.13	.161	5923.52	282.07
HSC HOSPITALS	2	21	22,580.00	1075.24	.077	11290.00	82.71
NON-HSC HOSPITALS TOTAL	11	23	54,425.72	2366.34	.084	4947.79	199.36
ACCOMMODATIONS	11	23	7,719.38	335.63	.084	701.76	28.28
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	23	7,719.38	335.63	.084	701.76	28.28
ANCILLARIES	11	0	46,706.34	.00	.000	4246.03	171.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000		
ALL OTHER INPATIENT	•	-	.00			.00	.00
COMM HOSP OUTPATIENT TOTAL	98	374	13,001.16	34.76	1.370	132.66	47.62
MEDICAL	10	23	705.80	30.69	.084	70.58	2.59

5

232

64

25 25 0 332.71

2,780.67

7,464.18

1,417.51

300.29

.00 \$

66.54

11.99

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12.01

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116.63

.018

.850

.234

.092

.092

.000 \$

66.54

37.58

94.50

42.90

.00 \$

177.72

1.22

10.19

27.34

5.19

1.10

.00

5

74

42

15

7

0

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	32	133	\$	3,212.78	\$	24.16	.487	\$	100.40	\$	11.77
PATHOLOGY	32	133		3,212.78		24.16	.487		100.40		11.77
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	49	111	\$	21,413.93	\$	192.92	.407	\$	437.02	\$	78.44
CLINIC	3	5	·	115.00	·	23.00	.018		38.33	·	.42
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	48	106		21,298.93		200.93	.388		443.73		78.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO	-	EPORT			DEC		PA	GE 5,068
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-T	OTAL								
							M	ONT	HLY AVERA	GE -	
273 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	C	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	;	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	19	52	\$	2,879.24	\$.190	\$	151.54	\$	10.55
DURABLE MED. EQUIP.	4	8		1,146.34		143.29	.029		286.59		4.20
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5	23		440.30		19.14	.084		88.06		1.61
AMBULANCES/AIR TRANS	4	15		397.20		26.48	.055		99.30		1.45
OTHER TRANS	1	8		43.10		5.39	.029		43.10		.16
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	5	11		128.28		11.66	.040		25.66		.47
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	6	10		1,164.32		116.43	.037		194.05		4.26
PROSTHETICS	6	10		1,164.32		116.43	.037		194.05		4.26
ORTHOTICS	0	0		.00		.00	.000		.00		.00

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SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

0

0

0

0

0

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 24.00	\$ 24.00	.004	\$ 24.00 \$.09
0.1 -0							

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,069
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

1111100 0001111	DOIMMING OF DELICE	TODO TOR	ZIID (21111			TITD CODE	0 0				
								Mo	YLHTNC	AVERA	ωGE	
14 ELIGIBLES	USERS	UNITS OF	SERVICE	\equiv	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	s cos	T PER		COST PER
		OR DAYS	OF CAR	\equiv		PER	UNIT/DAY	PER ELIG	U	SER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2		3	\$	17.84	\$	5.95	.214	\$	8.92	\$	1.27
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURE	S MONT	H-OF-PAYMENT R	EPORT I	FOR JAN 2	004 THRU 1	DEC 2004	PAGE	5,070
MOP024	FEE-FOR-SERVICE/DEN	ITAL							0	3/14/05
KINGS COUNTY	SUMMARY OF SERVICES	FOR QMB - ON	LY		Z	AID CODE	80			
							MO	ONTHLY AVERA	GE	
14 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	S COST PER	COS	r per

USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
	OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE PER UNIT/DAY PER ELIG 0 0 \$.00 \$.00 .000	OR DAYS OF CARE PER UNIT/DAY PER ELIG 0 0 \$.00 \$.00 .00 .000 .000 \$ 0 0 .00 .00 .00 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 \$.000 \$.000 .000 .000 .000 \$.000 \$.000 <td< td=""><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00</td><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 <</td></td<>	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 <				

	_						
FAMILY NURSE PRACTITIONER	O	0 \$.00	\$.00	.000 \$		•
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$		
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ô	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	· O	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	. 0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0			.000		.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	
ALL OTHER ACCOM	U	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	O	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 5,071
MOP024	FEE-FOR-SERVIC	E/DENTAL					03/14/05
KINGS COUNTY	SUMMARY OF SER	VICES FOR OMB - ONLY	7	AID CODE	8.0		
					MON	THLY AVERAC	FE
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
14 EDIGIDUES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
0.000,000,000,000,000,000,000,000,000,0	0		0.0				
@COMMUNITY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL	O	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	U	0					
ANCILLARIES	Ü	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2004	H THRU	DEC	2004	PAGE	,
MOP024	FEE-FOR-SERVICE/DENTAL									C	3/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	QMB -	ONLY			AID CODE 80					
							N	THON	HLY AVERA	GE	

					MON	THLY AVERA	GE
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	3 \$	17.84	\$ 5.95	.214 \$	8.92	\$ 1.27
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	4.57	2.29	.143	4.57	.33
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	13.27	13.27	.071	13.27	.95
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	2	3 \$	17.84	\$ 5.95	.214 \$	8.92 \$	1.27

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,073 FEE-FOR-SERVICE/DENTAL

03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

KINGS COONII	SUMMAKI OF SEK	VICES FOR 155% FROGRAM	AID (CODES /2 /4 ON			
					MON		
5,624 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,925	9 , 823 \$	537,108.70	\$ 54.68	1.747 \$		
@PHYSICIANS SERVICES	475	1,011 \$	30,814.13		.180 \$	64.87	
OUTPATIENT VISITS	360	413	16,557.24	40.09	.073	45.99	2.94
OFFICE VISITS	175	209	6 , 398.37	30.61	.037	36.56	1.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	171	181	9,472.66	52.34	.032	55.40	1.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	22	23	686.21	29.84	.004	31.19	.12
INPATIENT VISITS	10	25	2,207.97	88.32	.004	220.80	.39
HOSPITAL VISITS	9	20	1,163.96	58.20	.004	129.33	.21
CRITICAL CARE	2	5	1,044.01	208.80	.001	522.01	.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	88.23	29.41	.001	44.12	.02
EXAMINATIONS	2	3	88.23	29.41	.001	44.12	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	549.46	274.73	.000	274.73	.10
PRINCIPAL SURGEON	1	1	459.52	459.52	.000	459.52	.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	89.94	89.94	.000	89.94	.02
OUTPATIENT SURGERY	39	63	5,708.84	90.62	.011	146.38	1.02
PRINCIPAL SURGEON	34	41	5,115.05	124.76	.007	150.44	.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	22	593.79	26.99	.004	98.97	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	12	221.78	18.48	.002	18.48	.04
RADIOLOGY	74	93	1,544.37	16.61	.017	20.87	.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	75.00	37.50	.000	75.00	.01
OTHER SERVICES/ALL X-OVERS	93	398	3,861.24	9.70	.071	41.52	.69
@PHARMACY	1,333	3 , 382 \$	106,511.83	\$ 31.49	.601 \$	79.90	\$ 18.94
PRESCRIPTION DRUGS	1,320	3,313	98,307.88	29.67	.589	74.48	17.48
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,320	3,313	98,307.88	29.67	.589	74.48	17.48

MEDICAL SUPPLIES	60	69	8,203.95	1	18.90	.012		136.73		1.46
@DENTIST	207	1,299 \$	40,466.95	\$	31.15		\$	195.49	\$	7.20
VISITS - DIAGNOSTIC	189	794	11,803.10		14.87	.141		62.45		2.10
ORAL SURGERY	13	18	772.00		42.89	.003		59.38		.14
DRUGS	4	5	120.00		24.00	.001		30.00		.02
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	28	72	4,757.00		66.07	.013		169.89		.85
RESTORATIVE DENTISTRY	64	358	19,079.00		53.29	.064		298.11		3.39
PROSTHETICS	2	2	30.00		15.00	.000		15.00		.01
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	3	3	333.00	1	11.00	.001		111.00		.06
MAXILLOFACIAL SERVICES	33	33	3,572.85	1	108.27	.006		108.27		.64
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	14	14	.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RI	EPORT E	FOR JAN	2004 THRU I	DEC :	2004	PAG	· · · · ·
MOP024	FEE-FOR-SERVICE	/DENTAL					DEC :	2004	PA	SE 5,074 03/14/05
	FEE-FOR-SERVICE				FOR JAN :	8P				
MOP024 KINGS COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 133% PROGRAM	AID	CODES 7	72 74 8N	8P MC	ONTH:	LY AVERA	GE -	03/14/05
MOP024	FEE-FOR-SERVICE	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE		CODES 7	72 74 8N AGE COST	8P MC UNITS/DAYS	ONTH:	LY AVERA	GE	03/14/05 OST PER
MOP024 KINGS COUNTY 5,624 ELIGIBLES	FEE-FOR-SERVICE, SUMMARY OF SERV USERS	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE OR DAYS OF CARE	AID (CODES 7 AVERA PER U	72 74 8N AGE COST JNIT/DAY	8P MC UNITS/DAYS PER ELIG	ONTH:	LY AVERA OST PER USER	GE C(E)	03/14/05 OST PER LIGIBLE
MOP024 KINGS COUNTY 5,624 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE, SUMMARY OF SERV USERS	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE OR DAYS OF CARE 62 \$	AID (EXPENDITURES 1,489.79	CODES 7	72 74 8N AGE COST JNIT/DAY 24.03	8P MC UNITS/DAYS PER ELIG .011	ONTH:	LY AVERA OST PER USER 67.72	GE C(E)	03/14/05 OST PER LIGIBLE .26
MOP024 KINGS COUNTY 5,624 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE, SUMMARY OF SERV USERS 22 20	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE OR DAYS OF CARE 62 \$ 21	AID (EXPENDITURES 1,489.79 900.94	AVERA PER U	72 74 8N AGE COST JNIT/DAY 24.03 42.90	8P MC UNITS/DAYS PER ELIG .011 .004	ONTH:	LY AVERAOST PER USER 67.72 45.05	GE C(E)	03/14/05 OST PER LIGIBLE .26 .16
MOP024 KINGS COUNTY 5,624 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 22 20 14	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE OR DAYS OF CARE 62 \$ 21 41	AID (EXPENDITURES 1,489.79 900.94 588.85	AVERA PER U	72 74 8N AGE COST JNIT/DAY 24.03 42.90 14.36	8P MC UNITS/DAYS PER ELIG .011 .004 .007	ONTH:	LY AVERA OST PER USER 67.72 45.05 42.06	GE C(E)	03/14/05 DST PER LIGIBLE .26 .16 .10
MOP024 KINGS COUNTY 5,624 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE, SUMMARY OF SERV USERS 22 20	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE OR DAYS OF CARE 62 \$ 21 41 0	AID (EXPENDITURES 1,489.79 900.94 588.85 .00	AVERA PER U \$	72 74 8N AGE COST JNIT/DAY 24.03 42.90 14.36 .00	8P MC UNITS/DAYS PER ELIG .011 .004 .007 .000	ONTH.	LY AVERA OST PER USER 67.72 45.05 42.06 .00	GE C(E: \$	03/14/05 DST PER LIGIBLE .26 .16 .10
MOP024 KINGS COUNTY 5,624 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 22 20 14	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE OR DAYS OF CARE 62 \$ 21 41	AID (EXPENDITURES 1,489.79 900.94 588.85 .00 .00	AVERA PER U	AGE COST JNIT/DAY 24.03 42.90 14.36 .00	8P MC UNITS/DAYS PER ELIG .011 .004 .007 .000	ONTH:	LY AVERA OST PER USER 67.72 45.05 42.06 .00	GE C(E)	03/14/05 DST PER LIGIBLE .26 .16 .10 .00
MOP024 KINGS COUNTY 5,624 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 22 20 14	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE OR DAYS OF CARE 62 \$ 21 41 0	AID (EXPENDITURES 1,489.79 900.94 588.85 .00 .00 .00	AVERA PER U \$	AGE COST JNIT/DAY 24.03 42.90 14.36 .00 .00	8P MC UNITS/DAYS PER ELIG .011 .004 .007 .000 .000	ONTH.	LY AVERA OST PER USER 67.72 45.05 42.06 .00 .00	GE C(E: \$	03/14/05 DST PER LIGIBLE .26 .16 .10 .00 .00
MOP024 KINGS COUNTY 5,624 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 22 20 14	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE OR DAYS OF CARE 62 \$ 21 41 0 0 \$ 0 \$ 0 0	AID (EXPENDITURES 1,489.79 900.94 588.85 .00 .00 .00 .00	AVERA PER U \$	AGE COST JNIT/DAY 24.03 42.90 14.36 .00 .00 .00	8P MC UNITS/DAYS PER ELIG .011 .004 .007 .000 .000	ONTH: \$ Co \$	LY AVERA OST PER USER 67.72 45.05 42.06 .00 .00	GE CC E: \$	03/14/05 DST PER LIGIBLE
MOP024 KINGS COUNTY 5,624 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 22 20 14	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE OR DAYS OF CARE 62 \$ 21 41 0	AID (EXPENDITURES 1,489.79 900.94 588.85 .00 .00 .00 .00 .00	AVERA PER U \$	AGE COST JNIT/DAY 24.03 42.90 14.36 .00 .00 .00	8P MC UNITS/DAYS PER ELIG .011 .004 .007 .000 .000 .000	ONTH.	LY AVERA OST PER USER 67.72 45.05 42.06 .00 .00 .00	GE C(E: \$	03/14/05
MOP024 KINGS COUNTY 5,624 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 22 20 14	/DENTAL ICES FOR 133% PROGRAM UNITS OF SERVICE OR DAYS OF CARE 62 \$ 21 41 0 0 \$ 0 \$ 0 0	AID (EXPENDITURES 1,489.79 900.94 588.85 .00 .00 .00 .00	AVERA PER U \$	AGE COST JNIT/DAY 24.03 42.90 14.36 .00 .00 .00	8P MC UNITS/DAYS PER ELIG .011 .004 .007 .000 .000	ONTH: \$ Co \$	LY AVERA OST PER USER 67.72 45.05 42.06 .00 .00	GE CC E: \$	03/14/05 DST PER LIGIBLE

RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	2	2 \$	149.72	\$	74.86	.000		\$.03
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		Ś	.00
@TOTAL HOSPITAL	318	942 \$	66,979.01	\$	71.10	.167		Ś	11.91
HOSP INPATIENT TOTAL	6	27	39,826.15		1475.04	.005	6637.69		7.08
HSC HOSPITALS	3	15	28,350.00		1890.00	.003	9450.00		5.04
NON-HSC HOSPITAL TOTAL	3	12	11,476.15		956.35	.002	3825.38		2.04
ACCOMMODATIONS	3	12	4,375.40		364.62	.002	1458.47		.78
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	3	12	4,375.40		364.62	.002	1458.47		.78
ANCILLARIES	3		7,100.75		.00	.000	2366.92		1.26
INPATIENT CROSSOVERS	0	0 12 0 0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	314	915	27,152.86		29.68	.163	86.47		4.83
MEDICAL	93	167	6,060.81		36.29	.030	65.17		1.08
SURGERY		30	1,018.18		33.94	.005	37.71		.18
PATHOLOGY	27 76	207	2,124.03		10.26	.037	27.95		.38
RADIOLOGY	59	76	3,768.49		49.59	.014	63.87		.67
ROOM USE	219	265	11,116.14		41.95	.047	50.76		1.98
CROSSOVERS/ALL OTH OUTPINT	110	170	3,065.21		18.03	.030	27.87		.55
@COUNTY HOSPITAL TOTAL	4	4 \$	194.80	\$	48.70	.001	\$ 48.70	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000			.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	4	194.80		48.70	.001	48.70		.03
MEDICAL	2	2	122.10		61.05	.000	61.05		.02
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	2	2	72.70		36.35 .00	.000	36.35		.01
CROSSOVERS/ALL OTH OUTPINT		u ES AND EXPENDITURES MON'				.000	.00	D.7	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		TH-OF-PAIMENT R	KEPORT	FOR JAN	2004 THRU .	DEC 2004	PA	AGE 5,075 03/14/05
KINGS COUNTY		ICES FOR 133% PROGRAM	AID	CODEC	72 74 ON	OD			03/14/03
KINGS COUNTI	SUMMAKI OF SERV	ICES FOR 133% FROGRAM	AID	CODES) /2 /4 ON		ONTHLY AVERA	CF -	
5,624 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	Δ1/F	RAGE COST	UNITS/DAY:		-	COST PER
3,021 111011110	ODLINO	OR DAYS OF CARE	DMIDNDITONDO			PER ELIG			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	316	938 \$	66,784.21	\$	71.20	.167			11.87
COMM HOSP INPATIENT TOTAL	6	27	39,826.15		1475.04	.005	6637.69		7.08
HSC HOSPITALS	3	15	28,350.00		1890.00	.003	9450.00		5.04
NON-HSC HOSPITALS TOTAL	3	12	11,476.15		956.35	.002	3825.38		2.04
ACCOMMODATIONS	3	12	4,375.40		364.62	.002	1458.47		.78
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00

	_							_			
ALL OTHER ACCOM	3	12		4,375.40		364.62	.00		1458.47		.78
ANCILLARIES	3	0		7,100.75		.00	.00		2366.92		1.26
INPATIENT CROSSOVERS	0	0		.00		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.00	0	.00		.00
COMM HOSP OUTPATIENT TOTAL	312	911		.00 .00 26,958.06		29.59	.16		86.40		4.79
MEDICAL	91	165		5,938.71		35.99	.02	9	65.26		1.06
SURGERY	27	30		1,018.18		33.94	.00	5	37.71		.18
PATHOLOGY	76	207		2,124.03		10.26	.03	7	27.95		.38
RADIOLOGY	59	76		3,768.49		49.59	.01	4	63.87		.67
ROOM USE	217	263		11,043.44		41.99	.04	7	50.89		1.96
CROSSOVERS/ALL OTH OUTPTNT	110	170		3,065.21		18.03	.03	0	27.87		.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.00	0 \$.00	Ś	.00
MENTALLY ILL	0	0		.00		.00	.00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.00		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		0 \$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.00		.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.00		.00		.00
	0	0		.00		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0									
LEV B-SUBACUTE HSPTL BASED	0			.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00		.00		.00
LEV B-REGULAR	0	0	_	.00	_	.00	.00		.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		0 \$.00	Ş	.00
ICF DDH	0	0		.00		.00	.00		.00		.00
ICF DD	0	0		.00		.00	.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.00	0	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.00	0 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.00	0	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.00	0	.00		.00
@REHABILITATION FACILITY	7	11	\$	751.10	\$	68.28	.00	2 \$	107.30	\$.13
HOSPITAL BASED	7	11		751.10		68.28	.00	2	107.30		.13
HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.00	0	.00		.00
@LABORATORY FACILITY	36	92	\$	800.80	\$	8.70		6 \$	22.24	Ś	.14
PATHOLOGY	36	92		800.80		8.70	.01		22.24		.14
		0		0.0		0.0	.00		.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	1 - 404	0 2,175	\$	277,371.97	Ś	127 53			197.56	Ś	49.32
CLINIC	6	10	7	234.27	Ψ	23.43	.00		39.05	т	.04
SURGICENTER		242		8,421.69		34.80	.04		175.45		1.50
HEROIN DETOX CLINIC	48 0	0		.00		.00	.00		.00		.00
	1,367	1,923		268,716.01		139.74		2			47.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	·	TIDEC MO							D7	AGE 5,076
MOP024	FEE-FOR-SERVICE		IOKES MO	MIH-OF-FAIMENI I	KEFUKI	FOR JAN	2004 111	O DEC	. 2004	r.	03/14/05
KINGS COUNTY	SUMMARY OF SERVICE		DDOCDAM	7.10	CODEC	70 74 03	0.0				03/14/03
KINGS COUNTY	SUMMARY OF SERV	ICES FOR 133%	PROGRAM	I AID	CODES	/2 /4 8N		MONTH	1111 7 7 17 17 17 17 17 17 17 17 17 17 1	CE	
E COA BLICTBIES	HOFF	IDITED OF CERT			7 7 7 7 7	D 7 CE COCE			HLY AVERA		
5,624 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES							COST PER
		OR DAYS OF CA		44 ==0 40		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	151	847	\$	11,773.40	\$			1 \$			2.09
DURABLE MED. EQUIP.	3	13		603.14					201.05		
BLOOD BANK	0	0		.00		.00	.00		.00		.00
HEARING AID DISPENSERS	8	12		252.43		21.04	.00		31.55		.04
MEDICAL TRANSPORTATION	20	423		5,690.99		13.45	.07	5	284.55		1.01
AMBULANCES/AIR TRANS	20	422		3,890.99		9.22	.07	5	194.55		.69
OTHER TRANS	0	0		.00		.00	.00	0	.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.00	0	1800.00		.32
ACUPUNCTURE	0	0		.00		.00	.00		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.00		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.00		.00		.00
	Ü	O		• 00		• • • •	• 0 0	-	• • • •		• • • •

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	24	211.60	8.82	.004	17.63	.04
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	265.92	88.64	.001	265.92	.05
SPEECH AND AUDIOLOGY	4	7	356.69	50.96	.001	89.17	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	108	363	4,376.61	12.06	.065	40.52	.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	16.02	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	38	111	\$ 11,860.17	\$ 106.85	.020	\$ 312.11	\$ 2.11
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,077
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----2,969 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,000 171.38 \$ @TOTAL, ALL PROVIDERS 3,482 \$ 171,383.68 \$ 49.22 1.173 \$ 57.72 170 @PHYSICIANS SERVICES 302 12,226.41 \$ 40.48 .102 \$ 71.92 \$ 4.12 117 6,059.99 51.79 OUTPATIENT VISITS 139 43.60 .047 2.04 45 30.70 OFFICE VISITS 1,381.70 28.79 .016 .00 0 .00 HOME VISITS 0 .00 .000 .00 57 EMERGENCY ROOM 60 3,220.08 53.67 .020 56.49 1.08 .00 0 0 .00 .00 .000 PREVENTIVE CARE 50.93 20.75 93.55 93.55 OB VISITS/COMPRE PERI 13 27 1,375.23 .009 105.79 .46 4 OTHER OUTPATIENT 4 82.98 .001 20.75 .03 187.09 93.55 .001 187.09 INPATIENT VISITS 187.09 187.09 HOSPITAL VISITS .001 .06 .00 CRITICAL CARE .000 .00 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE 46.44 46.44 .000 46.44 .02 OPHTHALMOLOGICAL SERVICES 46.44 EXAMINATIONS 46.44 .000 46.44 .02 .00 .00 SERVICES AND MATERIALS .00 .000 INPATIENT HOSPITAL SURGERY 1,088.56 544.28 .001 544.28 .37 .37 1,088.56 544.28 .001 544.28 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 0 .00 0 .00 .000 .00 .00 17 60 2,376.13 2,376.13 1,806.36 39.60 139.77 OUTPATIENT SURGERY .020 .80 10 150.53 180.64 PRINCIPAL SURGEON 12 .004 .61 0 .00 .00 ASSISTANT SURGEON 0 .00 .000 .00 48 569.77 11.87 71.22 ANESTHESIOLOGIST .016 .19 .00 .00 .000 .00 DIALYSIS 9 12 210.73 PATHOLOGY 17.56 .004 23.41 .07 40 54 1,259.27 23.32 31.48 RADIOLOGY .018 .42 PSYCHIATRY .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	3	4	365.53	91.38	.001	121.84	.12
OTHER SERVICES/ALL X-OVERS	17	28	632.67	22.60	.009	37.22	.21
@PHARMACY	322	763 \$	32,999.38	\$ 43.25	.257	\$ 102.48	\$ 11.11
PRESCRIPTION DRUGS	319	752	32,731.63	43.53	.253	102.61	11.02
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	319	752	32,731.63	43.53	.253	102.61	11.02
MEDICAL SUPPLIES	7	11	267.75	24.34	.004	38.25	.09
@DENTIST	103	676 \$	15,153.93	\$ 22.42	.228	\$ 147.13	\$ 5.10
VISITS - DIAGNOSTIC	76	526	5,908.85	11.23	.177	77.75	1.99
ORAL SURGERY	19	33	1,560.75	47.30	.011	82.14	.53
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	4	9	1,634.00	181.56	.003	408.50	.55
RESTORATIVE DENTISTRY	27	86	4,632.00	53.86	.029	171.56	1.56
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	230.00	230.00	.000	230.00	.08
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.000	112.08	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	16	18	945.00	52.50	.006	59.06	.32
ALL OTHER SERVICES	2	2	131.25	65.63	.001	65.63	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 5,078
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					03/14/05

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

KINGS COUNTY

----- MONTHLY AVERAGE -----2,969 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 25 1,651.28 \$ 25.02 .022 \$ 66.05 \$ @OPTOMETRIST 66 .56 882.69 744.59 24.00 44.13 44.13 DIAGNOSTIC AND ANC. PROCED 20 20 .007 .30 18 45 16.55 41.37 .25 EYE APPLIANCES .015 24.00 24.00 OTHER OPTOMETRIC SERVICES 1 .000 .01 .00 \$.00 \$.00 .000 \$ @CHIROPRACTOR .00 .00 .00 VISITS .00 .000 .00 0 .00 .000 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 .000 .00 .00 OTHER .00 .000 .00 .00 .00 \$.00 .00 \$.000 \$ @HOME HEALTH AGENCY 0 .00 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 0 NURSE MIDWIFE .00 \$.00 .000 \$.00 \$.00 .00 0 .00 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ FAMILY NURSE PRACTITIONER 0 0 .00 \$.00 .000 \$.00 \$.00 481 50.53 @TOTAL HOSPITAL 24,302.90 .162 \$ 184.11 \$ 8.19 HOSP INPATIENT TOTAL 5 10 13,107.46 1310.75 .003 2621.49 1487.50 1192.91 414.18 .00 .00 1487.50 2975.01 HSC HOSPITALS 4 5,950.01 .001 2.00 NON-HSC HOSPITAL TOTAL 6 7,157.45 1192.91 .002 2385.82 2.41 828.36 ACCOMMODATIONS 2,485.09 .002 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 TRANSITIONAL IP CARE .000 2,485.09 .002 414.18 828.36 .84 ALL OTHER ACCOM .00 1557.45 ANCILLARIES 4,672.36 .000 1.57 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	128	471		11,195.44	23.77	.159	87.46		3.77
MEDICAL	34	45		1,617.08	35.94	.015	47.56		.54
SURGERY	15	15		601.36	40.09	.005	40.09		.20
PATHOLOGY	57	191		2,135.21	11.18	.064	37.46		.72
RADIOLOGY	32	36		1,630.33	45.29	.012	50.95		.55
ROOM USE	75	96		4,115.02	42.86	.032	54.87		1.39
CROSSOVERS/ALL OTH OUTPTNT	44	88		1,096.44	12.46	.030	24.92		.37
@COUNTY HOSPITAL TOTAL	1	5	\$	120.76	\$ 24.15	.002	\$ 120.76	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	5		120.76	24.15	.002	120.76		.04
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	2		12.40	6.20	.001	12.40		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	3		108.36	36.12	.001	108.36		.04
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MON	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU D	DEC 2004		E 5,079
MOP024	FEE-FOR-SERVICE/D							(03/14/05
KINGS COUNTY	SUMMARY OF SERVIC	ES FOR 100% PI	ROGRAM	AID	CODES 7A 7C 8R				
							ONTHLY AVERA	-	
2,969 ELIGIBLES		NITS OF SERVIC		EXPENDITURES	AVERAGE COST				ST PER
_		OR DAYS OF CAR			PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	131	476	\$	24,182.14	\$ 50.80	.160	\$ 184.60	Ş	8.14

COMM HOSP INPATIENT TOTAL	5	10		13,107.46		1310.75	.003		2621.49		4.41
HSC HOSPITALS	2	4		5,950.01		1487.50	.001		2975.01		2.00
NON-HSC HOSPITALS TOTAL	3	6		7,157.45		1192.91	.002		2385.82		2.41
ACCOMMODATIONS	3	6		2,485.09		414.18	.002		828.36		.84
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	6		2,485.09		414.18	.002		828.36		.84
	3	0		•					1557.45		
ANCILLARIES	0	0		4,672.36		.00	.000				1.57
INPATIENT CROSSOVERS	•			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	127	466		11,074.68		23.77	.157		87.20		3.73
MEDICAL	34	45		1,617.08		35.94	.015		47.56		.54
SURGERY	15	15		601.36		40.09	.005		40.09		.20
PATHOLOGY	56	189		2,122.81		11.23	.064		37.91		.71
RADIOLOGY	32	36		1,630.33		45.29	.012		50.95		.55
ROOM USE	74	93		4,006.66		43.08	.031		54.14		1.35
CROSSOVERS/ALL OTH OUTPTNT		88		1,096.44		12.46	.030		24.92		.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	Ψ	.00	т	.00	.000	т	.00	Τ.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	26	\$	255.75	\$	9.84	.009	\$	127.88	Ś	.09
HOSPITAL BASED	0	0	Ÿ	.00	Υ	.00	.000	۲	.00	Ψ.	.00
INDEPENDENT FACILITY	2	26		255.75		9.84	.009		127.88		.09
@LABORATORY FACILITY	41	95	\$	1,336.85	\$	14.07	.032	Ċ	32.61	Ċ	.45
PATHOLOGY	41	95	Ÿ	1,336.85	Ÿ	14.07	.032	Y	32.61	Y	.45
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	351	503	\$	75,888.89	\$	150.87	.169	ċ	216.21	Ċ	25.56
CLINIC CLINIC	10	24	Ą	728.15	۲	30.34	.008	۲	72.82	ې	.25
SURGICENTER	10	6		205.08		34.18			205.08		.07
							.002				
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	340	473	IDEC MO	74,955.66		158.47	.159	DEG	220.46	_	25.25
#CALIF DEPT OF HEALTH SERV			JRES MO	NTH-OF-PAYMENT F	KEPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 5,080
MOP024	FEE-FOR-SERVICE			7. T.D.	CODEC	77 70 00	0.00				03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR 100%	PROGRAM	AID	CODES	7A /C 8R				C E	
0.060 51 5655 56	Hanna				2		M				
2,969 ELIGIBLES	USERS	UNITS OF SERVIO		EXPENDITURES							COST PER
	010	OR DAYS OF CAL		F 560 00		UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	210		\$	•	Ş	13.28	.192	Ş		Ş	
DURABLE MED. EQUIP.	1	1		91.16		91.16			91.16		.03
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5	114		908.95		7.97	.038		181.79		.31

AMBULANCES/AIR TRANS	5	114	908.95	7.97	.038	181.79	.31
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.001	105.00	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	45	379.29	8.43	.015	17.24	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	1,045.52	209.10	.002	522.76	.35
PROSTHETICS	2	5	1,045.52	209.10	.002	522.76	.35
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.001	99.19	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	175	399	4,624.18	11.59	.134	26.42	1.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	10	46	\$ 6,243.10	\$ 135.72	.015	\$ 624.31	\$ 2.10
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,081
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,745 14,463 724,907.64 \$ 50.12 .000 \$ 193.57 \$.00 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 1,722 6,441 305,010.39 47.35 .000 \$ 177.13 \$.00 OUTPATIENT VISITS 1,362 5,105 221,901.12 43.47 .000 162.92 .00 123 131 2,106.55 16.08 .000 17.13 .00 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 PREVENTIVE CARE 0 1,286 4,974 219,794.57 44.19 .000 170.91 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .000 .00 .00 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON 0 .00 ANESTHESIOLOGIST 0 .00 .000 .00 .00 121 232 19,374.96 OUTPATIENT SURGERY 83.51 .000 160.12 .00 139.44 PRINCIPAL SURGEON 171 16,593.88 97.04 .000 .00

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	58	61		2,781.08		45.59	.000		47.95		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	410	496		3,706.11		7.47	.000		9.04		.00
RADIOLOGY	459	474		49,083.90		103.55	.000		106.94		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	29	62		2,641.20		42.60	.000		91.08		.00
OTHER SERVICES/ALL X-OVERS	32	72		8,303.10		115.32	.000		259.47		.00
@PHARMACY	529	1,062	\$	22,163.45	\$	20.87	.000	\$	41.90	\$.00
PRESCRIPTION DRUGS	513	1,028		19,651.97		19.12	.000		38.31		.00
SNF/ICF	2	3		54.33		18.11	.000		27.17		.00
OUTPATIENTS	511	1,025		19,597.64		19.12	.000		38.35		.00
MEDICAL SUPPLIES	18	34		2,511.48		73.87	.000		139.53		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDIT	URES MO	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN 20	04 THRU	DEC	2004	PAGE	5,082
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	3/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	R PRESU	MPTIVE	ELIGIBILITY-PREG	NANT	AID CODES 7	F 7G				

KINGD COOKII	DOIMMING OF DERIVICED FOR	11(1100111		DDIOIDIDIII INDOI	. V Z Z I V I	TILD CODED	71 70				
							MC	TNC	HLY AVERA	GE.	
00 ELIGIBLES	USERS UNITS O	F SERVICE	2	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
	OR DAY	S OF CAR	Ξ		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	262	515	\$	20,750.99	\$	40.29	.000	\$	79.20	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0		.00			
ALL OTHER INPATIENT	•		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	262	515	20,750.99	40.29	.000	79.20	.00
MEDICAL	3	3	270.45	90.15	.000	90.15	.00
SURGERY	11	12	627.05	52.25	.000	57.00	.00
PATHOLOGY	186	359	10,998.66	30.64	.000	59.13	.00
RADIOLOGY	84	90	7,055.28	78.39	.000	83.99	.00
ROOM USE	44	50	1,795.59	35.91	.000	40.81	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	3.96	3.96	.000	3.96	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0				.00	
ACCOMMODATIONS	0	0	.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	•	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	1004 THRU DEC	2004	PAGE 5,083
MOP024	FEE-FOR-SERVICE						03/14/05
KINGS COUNTY	SUMMARY OF SERVI	CES FOR PRESUMPTIVE	ELIGIBILITY-PREGN	NANT AID CODES			
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	262	515 \$	20,750.99	\$ 40.29	.000 \$	79.20	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	262	515	20,750.99	40.29	.000	79.20	.00
MEDICAL	3	3	270.45	90.15	.000	90.15	.00
SURGERY	11	12	627.05	52.25	.000	57.00	.00
PATHOLOGY				20 64	000	59.13	.00
	186	359	10,998.66	30.64	.000	J J • 1 J	• 0 0
RADIOLOGY	186 84	359 90	10,998.66 7,055.28				
RADIOLOGY ROOM USE	84	90	7,055.28	78.39	.000	83.99	.00
ROOM USE	8 4 4 4	90 50	7,055.28 1,795.59	78.39 35.91	.000	83.99 40.81	.00
	84	90	7,055.28	78.39	.000	83.99	.00 .00 .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	-	.00	т	.00	.000	7	.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	Ō		.00		.00	.000		.00	·	.00
ICF DD	0	Ō		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,205	2,990	\$	77,213.08	\$	25.82	.000	\$	64.08	\$.00
PATHOLOGY	1,205	2,990		77,213.08		25.82	.000		64.08		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,555	3,330	\$	288,613.30	\$	86.67	.000	\$	185.60	\$.00
CLINIC	487	869		11,265.60		12.96	.000		23.13		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,126	2,461		277 , 347.70		112.70	.000		246.31		.00
#CALIF DEPT OF HEALTH SERV		-	JRES M	IONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 20	004 THRU	DEC	2004	PAGE	- ,
MOP024	FEE-FOR-SERVICE	•								0	3/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR PRESUN	1PTIVE	: ELIGIBILITY-PREGI	NANT	AID CODES 7	_				
						-			HLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AV:	ERAGE COST U	JNITS/DAY	S	COST PER	COS	T PER

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^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,085 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

SOUMMENT OF SERVICE	19 LOW MEDI CW	т т	MANDONI CICOLODNALO	AID CODE	/ 11			
					MC	NTHLY AVERA	AGE	
USERS UN	NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
	USERS UN	USERS UNITS OF SERVICE		USERS UNITS OF SERVICE OR DAYS OF CARE O	USERS UNITS OF SERVICE OR DAYS OF CARE OS PER UNIT/DAY 0 0 \$.00 \$.00 \$.00 0 0 \$.00 \$.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE O	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
RADIOLOGY	0	•		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	U	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0									
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	•		.00	D0D#	.00	.000	550	.00	-	.00
#CALIF DEPT OF HEALTH SERV			is M	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 5,086
MOP024	FEE-FOR-SERVICE/						=				03/14/05
KINGS COUNTY	SUMMARY OF SERVI	CES FOR MEDI-CAI	L TU	JBERCULOSIS PROGRAM	I	AID CODE					
									HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					OST PER
		OR DAYS OF CARE				UNIT/DAY			USER		LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0	0	\$.00	Ś	.00	.000	\$.00		.00
NURSE MIDWIFE	0	0	\$.00	Ś	.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	Õ	0	\$.00	Ś	.00	.000		.00		.00
	•	V	7	• 0 0	т	• • •	• • • • •	Τ.	• • • •	т	• • • •

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0	.00	.00	.000	.00	.00
HOSP INPATIENT TOTAL	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ω	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	O	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0						
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON					
			NIH-OF-PAIMENI RE	LPORT FOR JAN 2	ZUU4 INKU DE	C 2004	PAGE 5,087
MOP024	FEE-FOR-SERVICE						03/14/05
KINGS COUNTY	SUMMARY OF SERV	JICES FOR MEDI-CAL TUBE	ERCULOSIS PROGRAM	AID CODE	7H		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
-	0	•		•			
COMM HOSP INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	ŭ	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	O	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
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SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	•	\$.00	\$.00	.000	\$.00	Ś	.00
• • • • • • • • • • • • • • • • • • • •	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Ÿ	.00
MENTALLY ILL	0	•									
DEVELOP. DISABLED	U	0	<u>^</u>	.00	<u>~</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	U		\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	•	\$.00	\$.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
	0	0									
HEMODIALYSIS CENTER	0	•	<u>^</u>	.00	<u>~</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	U		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	*	S MOI		PORT			DEC		PΑ	GE 5,088
MOP024	FEE-FOR-SERVICE/DE		101		. 01(1	1010 07110 2	2001 111110	טטכ	2001	111	03/14/05
KINGS COUNTY	SUMMARY OF SERVICE		ייודודי.	FRCIILOSIS PROCRAM		AID CODE	7 H				03/14/03
KINGS COONTI	SOMMAN OF SERVICE	D FOR MEDI CAL	I IODI	LICOLOSIS INOGNAM		AID CODE		м∩мп	HLY AVERA	CF _	
00 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	7/1/2	RAGE COST			COST PER		OST PER
00 FILGIBLES				EXPENDITORES		UNIT/DAY	PER ELI		USER		LIGIBLE
GALL OBUED DROVIDEDS	0	R DAYS OF CARE	Ċ	0.0	\$						
@ALL OTHER PROVIDERS			\$.00	Ş	.00	.000	Ş	.00	Ą	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
TWOOTHETTOT/OKIMOTIOTO	U	U		.00		.00	.000		.00		.00

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
G* MOMAIC IN MURCE IINEC ADE CIVEN AG	a y chuybymb .		THEM ONITY.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,089 FEE-FOR-SERVICE/DENTAL

03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MON	THLY AVERA	GE
540 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	448	3,432	\$	499,248.23	\$ 145.47	6.356	1114.39	\$ 924.53
@PHYSICIANS SERVICES	202	1,182	\$	65,609.19	\$ 55.51	2.189 \$	324.80	\$ 121.50
OUTPATIENT VISITS	105	399		13,729.48	34.41	.739	130.76	25.42
OFFICE VISITS	16	22		696.42	31.66	.041	43.53	1.29
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	12	14		992.83	70.92	.026	82.74	1.84
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	82	362		12,007.50	33.17	.670	146.43	22.24
OTHER OUTPATIENT	1	1		32.73	32.73	.002	32.73	.06
INPATIENT VISITS	31	170		21,039.40	123.76	.315	678.69	38.96

HOSPITAL VISITS	24	69		3,358.69		48.68	.128		139.95		6.22
CRITICAL CARE	9	101		17,680.71		175.06	.187		1964.52		32.74
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	46	322		21,173.02		65.75	.596		460.28		39.21
PRINCIPAL SURGEON	34	36		18,395.02		510.97	.067		541.03		34.06
ASSISTANT SURGEON	2	2		373.00		186.50	.004		186.50		.69
ANESTHESIOLOGIST	13	284		2,405.00		8.47	.526		185.00		4.45
OUTPATIENT SURGERY	11	18		1,637.48		90.97	.033		148.86		3.03
PRINCIPAL SURGEON	10	13		1,488.18		114.48	.024		148.82		2.76
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	5		149.30		29.86	.009		29.86		.28
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	37	56		700.20		12.50	.104		18.92		1.30
RADIOLOGY	49	134		4,199.00		31.34	.248		85.69		7.78
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	10	11		391.95		35.63	.020		39.20		.73
OTHER SERVICES/ALL X-OVERS	28	72		2,738.66		38.04	.133		97.81		5.07
@PHARMACY	118	249	\$	6,339.06	\$	25.46	.461	\$	53.72	\$	11.74
PRESCRIPTION DRUGS	114	234		5,655.27		24.17	.433		49.61		10.47
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	114	234		5,655.27		24.17	.433		49.61		10.47
MEDICAL SUPPLIES	11	15		683.79		45.59	.028		62.16		1.27
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DEC	2004	P.	AGE 5,090
MOP024	FEE-FOR-SERVICE/DENT.	AL									03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

540 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

OTHER	0	0	.00		.00	.000	.00		.00	
OTHER	U		.00	<u> </u>			.00	<u> </u>		
@HOME HEALTH AGENCY	/	11 \$	558.98	\$	50.82	.020			1.04	
NURSE ANESTHESIST	3	16 \$	379.25	\$	23.70	.030		\$.70	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000		\$.00	
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	121	550 \$	344,150.98	\$	625.73	1.019	\$ 2844.22	\$	637.32	
HOSP INPATIENT TOTAL	48	261	336,300.18		1288.51	.483	7006.25		622.78	
HSC HOSPITALS	5	108	178,575.02		1653.47	.200	35715.00		330.69	
NON-HSC HOSPITAL TOTAL	43	153	157,725.16		1030.88	.283	3668.03		292.08	
	43	153	65,569.56		428.56	.283	1524.87		121.43	
ACCOMMODATIONS	0	133							.00	
ADMINISTRATIVE DAYS	•		.00		.00	.000	.00			
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00	
ALL OTHER ACCOM	43 43	153	65,569.56		428.56	.283	1524.87		121.43	
ANCILLARIES		0	92,155.60		.00	.000	2143.15		170.66	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00	
HOSP OUTPATIENT TOTAL	88	289	7,850.80		27.17	.535	89.21		14.54	
MEDICAL	7	9	475.13		52.79	.017	67.88		.88	
SURGERY	7 19	23	823.17		35.79	.043	43.32		1.52	
PATHOLOGY	46	140	2,104.26		15.03	.259	45.74		3.90	
RADIOLOGY	15	14	1,103.52		78.82	.026	73.57		2.04	
ROOM USE	46	61	2,719.58		44.58	.113	59.12		5.04	
CROSSOVERS/ALL OTH OUTPTNT	21	42	625.14		14.88	.078	29.77		1.16	
	1	1 \$		\$				ċ	.07	
@COUNTY HOSPITAL TOTAL	1	•	37.31	Ş	37.31	.002		Ş		
CO HOSPITAL INPATIENT TOTAL	U	0	.00		.00	.000	.00		.00	
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00	
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00	
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00	
ANCILLARIES	0	0	.00		.00	.000	.00		.00	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	1	1	37.31		37.31	.002	37.31		.07	
MEDICAL	0	0	.00		.00	.000	.00		.00	
SURGERY	0	0	.00		.00	.000	.00		.00	
PATHOLOGY	0	0	.00		.00	.000	.00		.00	
RADIOLOGY	0	0	.00		.00	.000	.00		.00	
ROOM USE	1	1	37.31		37.31	.002	37.31		.07	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.002	.00		.00	
								Б.		
		ES AND EXPENDITURES M	IONTH-OF-PAYMENT R	EPOR.	I FOR JAN	2004 THRU 1	DEC 2004	P	AGE 5,091	
	FEE-FOR-SERVICE					=			03/14/05	
KINGS COUNTY	SUMMARY OF SERV	ICES FOR MINOR CONSE	INT AID CODES AID	CODES	S /M /P /R					
							ONTHLY AVERA			
540 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				S COST PER		COST PER	
		OR DAYS OF CARE				PER ELIG	USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	120	549 \$	344,113.67			1.017		\$		
COMM HOSP INPATIENT TOTAL	48	261	336,300.18		1288.51 1653.47	.483	7006.25		622.78	
HSC HOSPITALS	5	108	178,575.02		1653.47	.200	35715.00		330.69	
NON-HSC HOSPITALS TOTAL	43	153	157,725.16		1030.88	.283	3668.03		292.08	
ACCOMMODATIONS	43	153	65,569.56		428.56	.283	1524.87		121.43	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00	
	-	-	. 0 0							

RADIO./PATHOLOGY

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.00

ALL OTHER ACCOM	43	153		65,569.56		428.56	.283		1524.87		121.43
ANCILLARIES	43	0		92,155.60		.00	.000		2143.15		170.66
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	87	288		7,813.49		27.13	.533		89.81		14.47
MEDICAL	7	9		475.13		52.79	.017		67.88		.88
SURGERY	19	23		823.17		35.79	.043		43.32		1.52
PATHOLOGY	46	140		2,104.26		15.03	.259		45.74		3.90
RADIOLOGY	15	14		1,103.52		78.82	.026		73.57		2.04
ROOM USE	45	60		2,682.27		44.70	.111		59.61		4.97
CROSSOVERS/ALL OTH OUTPINT	21	42		625.14		14.88	.078		29.77		1.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	122	316	\$	5,216.31	\$	16.51	.585	\$	42.76	\$	9.66
PATHOLOGY	122	316		5,216.31		16.51	.585		42.76		9.66
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	172	480	\$	64,159.39	\$	133.67	.889	\$	373.02	\$	118.81
CLINIC	1	2		111.55		55.78	.004		111.55		.21
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	171	478		64,047.84		133.99	.885		374.55		118.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2004	THRU	DEC	2004	P.	AGE 5,092
MOP024	FEE-FOR-SERVICE/DENT										03/14/05
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----- MONTHLY AVERAGE -----540 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 12,835.07 \$ 20.44 1.163 \$ 356.53 \$ 23.77 @ALL OTHER PROVIDERS 36 628 \$.031 1 17 49.59 2.92 49.59 DURABLE MED. EQUIP. .000 .00 .00 .00 BLOOD BANK 0 0 .00 .00 HEARING AID DISPENSERS 0 0 .00 .00 .00 10,168.98 5,818.98 17.35 1.085 MEDICAL TRANSPORTATION 10 586 1016.90 18.83 9.98 .00 1.080 581.90 10.78 AMBULANCES/AIR TRANS 10 583 .000 .00 OTHER TRANS 0 0 .00 .00 4,350.00 1450.00 2175.00 OTHER SERVICES .006 8.06 .00 0 0 .00 .00 .00 .00 2,520.00 105.00 ACUPUNCTURE 0 .000 .00 0 ADULT DAY HEALTH CARE CTR .000 .00 .044 105.00 GENETIC DISEASE TESTING 4.67

SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

KINGS COUNTY

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	96.50	96.50	.002	96.50	.18
PROSTHETICS	1	1	96.50	96.50	.002	96.50	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	2,060	\$ 181,872.47	\$ 88.29	3.815	\$ 20208.05	\$ 336.80
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,093
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----2,117 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 189.94 \$ 104.08 @TOTAL, ALL PROVIDERS 1,160 3,962 220,328.46 \$ 55.61 1.872 \$.218 \$ 92.96 \$ @PHYSICIANS SERVICES 243 461 22,590.19 \$ 49.00 10.67 212 9,155.36 55.15 OUTPATIENT VISITS 166 43.19 .100 4.32 77 32.74 37.62 OFFICE VISITS 67 2,520.84 .036 1.19 .00 0 .00 HOME VISITS 0 .00 .000 .00 83 4,721.50 EMERGENCY ROOM 87 54.27 .041 56.89 2.23 0 .00 PREVENTIVE CARE 0 .00 .00 .000 .00 OB VISITS/COMPRE PERI 14 45 1,852.82 41.17 20.07 81.16 51.15 178.70 41.17 .021 132.34 60.20 3 OTHER OUTPATIENT 3 .001 20.07 .03 7 17 1,379.74 .008 197.11 INPATIENT VISITS HOSPITAL VISITS 13 664.96 .006 110.83 .31 714.78 4 CRITICAL CARE .002 357.39 .34 .00 .00 0 .00 .000 SNF/ICF/TRANS IP CARE 40.11 40.11 .00 160.44 .002 80.22 OPHTHALMOLOGICAL SERVICES .08 EXAMINATIONS 160.44 .002 80.22 .08 .00 SERVICES AND MATERIALS .00 .000 .00 4,301.16 116.25 3,434.77 572.46 37 INPATIENT HOSPITAL SURGERY .017 477.91 2.03 6 .003 572.46 PRINCIPAL SURGEON 1.62 357.68 178.84 .001 178.84 ASSISTANT SURGEON ANESTHESIOLOGIST 3 17.54 29 508.71 .014 169.57 .24 23 47 2,811.56 59.82 122.24 OUTPATIENT SURGERY .022 1.33 21 107.26 PRINCIPAL SURGEON 90.10 .012 1.06 2,252.38 1 54.73 ASSISTANT SURGEON 54.73 54.73 .000 .03 21 504.45 24.02 .010 72.06 ANESTHESIOLOGIST .24 .00 .00 .000 .00 DIALYSIS 29 40 PATHOLOGY 744.41 18.61 .019 25.67 .35 47 60 1,491.18 RADIOLOGY 24.85 .028 31.73 .70 PSYCHIATRY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

7	7		170.90		24.41	.003	24.41		.08
28	37		2,375.44		64.20	.017	84.84		1.12
518	1,424	\$	61,227.04	\$	43.00	.673	\$ 118.20	\$	28.92
513	1,179		60,201.70		51.06	.557	117.35		28.44
0	0		.00		.00	.000	.00		.00
513	1 , 179		60,201.70		51.06	.557	117.35		28.44
15	245		1,025.34		4.19	.116	68.36		.48
61	322	\$	9,431.05	\$	29.29	.152	\$ 154.61	\$	4.45
44	220		2,805.75		12.75	.104	63.77		1.33
9	14		1,033.00		73.79	.007	114.78		.49
1	1		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
1	1		118.00		118.00	.000	118.00		.06
4	7		756.00		108.00	.003	189.00		.36
27	73		4,443.15		60.87	.034	164.56		2.10
1	2		30.00		15.00	.001	30.00		.01
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
2	2		210.15		105.08	.001	105.08		.10
0	0		.00		.00	.000	.00		.00
1	1		35.00		35.00	.000	35.00		.02
1	1		.00		.00	.000	.00		.00
MEDI-CAL SERVIC	ES AND EXPENDITU	RES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU D	EC 2004	PA	GE 5,094
FEE-FOR-SERVICE	/DENTAL								03/14/05
SUMMARY OF SERV	ICES FOR EDWARDS	CASE	S IN PA-FAMILIES		AID CODE	38			
						MO	NTHLY AVERA	GE -	
USERS	UNITS OF SERVICE	C	EXPENDITURES				COST PER	С	OST PER
	OR DAYS OF CAR	E		PER		PER ELIG	USER	Ε	LIGIBLE
23	81	\$	1,800.94	\$	22.23	.038	\$ 78.30	\$.85
20	22		944.73				47.24		.45
20	59		856.21		14.51	.028	42.81		.40
0	0		.00		.00	.000	.00		.00
	518 513 0 513 15 61 44 9 1 0 1 4 27 1 0 0 0 2 0 1 1 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	518 1,424 513 1,179 0 0 0 513 1,179 15 245 61 322 44 220 9 14 1 1 1 0 0 0 1 1 1 4 7 27 73 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 1 1 1	518	28 37 2,375.44 518 1,424 \$ 61,227.04 513 1,179 60,201.70 0 0 0 .00 513 1,179 60,201.70 15 245 1,025.34 61 322 \$ 9,431.05 44 220 2,805.75 9 14 1,033.00 1 1 1 0.00 0 0 0.00 1 1 1 1 18.00 4 7 756.00 27 73 4,443.15 1 2 30.00 0 0 0 .00 0 0 0 0	28	28	28	28	28

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	ċ	.00
VISITS	0	0	ې	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0										
OTHER SERVICES	1	0	ć	.00	ć	.00	.000	Ċ	.00	Ċ	.00
@PODIATRIST	=	1	\$	24.00	\$	24.00	.000	Þ	24.00	Ş	.01
MEDICINE/INJECTIONS	1	1		24.00		24.00	.000		24.00		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	6	\$	404.43	\$	67.41		\$	134.81		.19
NURSE ANESTHESIST	1	8	\$	146.79	\$	18.35	.004	\$	146.79	\$.07
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	165	587	\$	44,593.94	\$	75.97	.277	\$	270.27	\$	21.06
HOSP INPATIENT TOTAL	11	24		30,028.61		1251.19	.011		2729.87		14.18
HSC HOSPITALS	2	4		4,956.00		1239.00	.002		2478.00		2.34
NON-HSC HOSPITAL TOTAL	9	20		25,072.61		1253.63	.009		2785.85		11.84
ACCOMMODATIONS	8	20		7,632.91		381.65	.009		954.11		3.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	20		7,632.91		381.65	.009		954.11		3.61
ANCILLARIES	9	0		17,439.70		.00	.000		1937.74		8.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Õ		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	157	563		14,565.33		25.87	.266		92.77		6.88
MEDICAL	39	66		2,634.59		39.92	.031		67.55		1.24
SURGERY	15	18		906.11		50.34	.009		60.41		.43
PATHOLOGY	54	219		2,710.02		12.37			50.19		1.28
RADIOLOGY	36						.103				.84
		44		1,777.25		40.39	.021		49.37		
ROOM USE	101	129		5,298.25		41.07	.061		52.46		2.50
CROSSOVERS/ALL OTH OUTPTNT	47	87		1,239.11		14.24	.041		26.36	_	.59
@COUNTY HOSPITAL TOTAL	5	15	\$	516.42	\$	34.43	.007	\$	103.28	Ş	.24
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	15		516.42		34.43	.007		103.28		.24
MEDICAL	5	9		262.13		29.13	.004		52.43		.12
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		29.45		29.45	.000		29.45		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	4	4		144.48		36.12			36.12		.07
CROSSOVERS/ALL OTH OUTPTNT		1		80.36		80.36			80.36		.04
		ES AND EXPENDITUR	ES MON								
	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY		ICES FOR EDWARDS	CASES	S IN PA-FAMILIES		AID CODE	38				30, 11, 00
111100 0001111	COLUMN OF ORICO	TOTO TOTAL DEMITTADO	011011	2 114 111 111111111111			M	ОИТ	HIY AVERA	GE -	
2,117 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17					-	COST PER
2,11, 1110111110	ODLING	OR DAYS OF CARE		T111 T14D T T 01/110		R UNIT/DAY					ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	160	572		44,077.52	\$				275.48		20.82
GOOTHONIII HODELIAH TOTAL	100	572	Y	77,011.JZ	Y	77.00	• 2 / 0	Y	2/3.40	7	20.02

COMM HOSP INPATIENT TOTAL	11	24		30,028.61		1251.19	.011		2729.87		14.18
HSC HOSPITALS	2	4		4,956.00		1239.00	.002		2478.00		2.34
NON-HSC HOSPITALS TOTAL	9	20		25,072.61		1253.63	.009		2785.85		11.84
ACCOMMODATIONS	8	20		7,632.91		381.65	.009		954.11		3.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	20		7,632.91		381.65	.009		954.11		3.61
ANCILLARIES	9	0		17,439.70		.00	.000		1937.74		8.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	152	548		14,048.91		25.64	.259		92.43		6.64
MEDICAL	34	57		2,372.46		41.62	.027		69.78		1.12
SURGERY	15	18		906.11		50.34	.009		60.41		.43
PATHOLOGY	53	218		2,680.57		12.30	.103		50.58		1.27
RADIOLOGY	36	44		1,777.25		40.39	.021		49.37		.84
ROOM USE	97	125		5,153.77		41.23	.059		53.13		2.43
CROSSOVERS/ALL OTH OUTPTNT	46	86		1,158.75		13.47	.041		25.19		.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	7	.00	-	.00	.000	т.	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	Ψ.	.00	.000	τ	.00	Τ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	53	150	\$	2,961.20	\$	19.74	.071	\$	55.87	\$	1.40
PATHOLOGY	53	150		2,961.20		19.74	.071		55.87		1.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	376	554	\$	73,394.99	\$	132.48	.262		195.20	\$	34.67
CLINIC	15	62		1,293.98		20.87	.029		86.27		.61
SURGICENTER	3	14		484.42		34.60	.007		161.47		.23
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	361	478		71,616.59		149.83	.226		198.38		33.83
#CALIF DEPT OF HEALTH SERV			RES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 5,096
MOP024	FEE-FOR-SERVICE										03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR EDWARD	S CASE	S IN PA-FAMILIES		AID CODE					
0 115			_						HLY AVERA		
2,117 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							COST PER
0.1.1. 0.00000 DD.0111.0000	112	OR DAYS OF CAR		2 752 00		R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	113		\$	3,753.89	Ş	10.20	.174			Ş	1.77
DURABLE MED. EQUIP.	1	1		91.16		91.16	.000		91.16		.04
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1 6	140		25.74		8.58	.001		25.74		.01
MEDICAL TRANSPORTATION	0	140		1,200.66		8.58	.066		200.11		.57

AMBULANCES/AIR TRANS	6	140	1,200.66	8	.58	.066	200.1	1	.57
OTHER TRANS	0	0	.00		.00	.000	.0	0	.00
OTHER SERVICES	0	0	.00		.00	.000	.0	0	.00
ACUPUNCTURE	0	0	.00		.00	.000	.0	0	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.0	0	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.0	0	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.0	0	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.0	0	.00
OPTICIAN	29	63	512.39	8	.13	.030	17.6	7	.24
PHYSICAL THERAPIST	0	0	.00		.00	.000	.0	0	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.0	0	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	168	.00	.000	168.0	0	.08
PROSTHETICS	1	1	168.00	168	.00	.000	168.0	0	.08
ORTHOTICS	0	0	.00		.00	.000	.0	0	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	1	1	66.00	66	.00	.000	66.0	0	.03
HOSPICE SERVICES	0	0	.00		.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	74	159	1,689.94	10	.63	.075	22.8	4	.80
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.0	0	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.0	0	.00
@CALIF. CHILDREN SERVICES*	8	43	\$ 3,863.43	\$ 89	.85	.020	\$ 482.9	3 \$	1.82
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.0	0 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,097
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

					MOI	NTHLY AVERAG	E
225 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	129	947 \$	51,121.17	\$ 53.98	4.209	\$ 396.29	\$ 227.21
@PHYSICIANS SERVICES	32	56 \$	3,536.16	\$ 63.15	.249	\$ 110.51	\$ 15.72
OUTPATIENT VISITS	17	23	1,052.72	45.77	.102	61.92	4.68
OFFICE VISITS	10	11	289.05	26.28	.049	28.91	1.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	481.79	80.30	.027	96.36	2.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	6	281.88	46.98	.027	140.94	1.25
INPATIENT VISITS	1	4	108.75	27.19	.018	108.75	.48
HOSPITAL VISITS	1	4	108.75	27.19	.018	108.75	.48
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	4	1,825.48	456.37	.018	608.49	8.11
PRINCIPAL SURGEON	3	3	1,673.95	557.98	.013	557.98	7.44

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	1	1		151.53		151.53	.004		151.53		.67
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		2.19		1.10	.009		2.19		.01
RADIOLOGY	11	16		415.00		25.94	.071		37.73		1.84
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	2		37.50		18.75	.009		37.50		.17
OTHER SERVICES/ALL X-OVERS	4	5		94.52		18.90	.022		23.63		.42
@PHARMACY	84	270	\$	24,893.47	\$	92.20	1.200	\$	296.35	\$	110.64
PRESCRIPTION DRUGS	84	253		24,188.84		95.61	1.124		287.96		107.51
SNF/ICF	2	6		1,196.08		199.35	.027		598.04		5.32
OUTPATIENTS	83	247		22,992.76		93.09	1.098		277.02		102.19
MEDICAL SUPPLIES	11	17		704.63		41.45	.076		64.06		3.13
@DENTIST	5	18	\$	536.00	\$	29.78	.080	\$	107.20	\$	2.38
VISITS - DIAGNOSTIC	4	14		128.00		9.14	.062		32.00		.57
ORAL SURGERY	1	3		308.00		102.67	.013		308.00		1.37
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.004		100.00		. 44
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	JRES MON'	TH-OF-PAYMENT RE	EPOR:	r for Jan	2004 THRU	DEC 2	2004	PI	AGE 5,098
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
KINGS COUNTY	SUMMARY OF SERVICES FOR	SSI A	PPEAL/NL	DC IN PA-DISABLE	ED A	ID CODES 6	5N 6P				

KINGS COONII	SOMMAN OF SERV	VICES FOR	DOI WELL	יד / ודעה	IDC IN LA DISABII	וא טי	-D CODE2 01	N OE				
								M	ГИС	THLY AVERA	GΕ	
225 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4		16	\$	345.18	\$	21.57	.071	\$	86.30	\$	1.53
DIAGNOSTIC AND ANC. PROCED	4		4		173.78		43.45	.018		43.45		.77
EYE APPLIANCES	4		12		171.40		14.28	.053		42.85		.76
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1		8	\$	107.00	\$	13.38	.036	\$	107.00	\$.48
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	29		230	\$	8,451.39	\$	36.75	1.022	\$	291.43	\$	37.56
HOSP INPATIENT TOTAL	1		3		3,197.84		1065.95	.013		3197.84		14.21
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		3		3,197.84		1065.95	.013		3197.84		14.21
ACCOMMODATIONS	1		3		1,308.00		436.00	.013		1308.00		5.81

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	3		1,308.00	436.00	.013	1308.00		5.81
ANCILLARIES	1	0		1,889.84	.00	.000	1889.84		8.40
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	28	227		5,253.55	23.14	1.009	187.63		23.35
MEDICAL	8	25		848.39	33.94	.111	106.05		3.77
SURGERY	3	3		295.90	98.63	.013	98.63		1.32
PATHOLOGY	18	110		1,601.80	14.56	.489	88.99		7.12
RADIOLOGY	7	8		524.54	65.57	.036	74.93		2.33
ROOM USE	8	18		798.75	44.38	.080	99.84		3.55
CROSSOVERS/ALL OTH OUTPTNT	10	63		1,184.17	18.80	.280	118.42		5.26
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONTH-C	OF-PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE	5,099

MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

KINGS COONII	BOTHERIN OF BERNIE		NEDC IN IN DIGNEL		NONTE		CE	
QCOMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS U	NITS OF SERVICE	EXPENDITURES	MITERACE COCH	MONT	COCT DED	JE	T PER
ZZJ ELIGIBLES	USERS U	NIIS OF SERVICE	EXPENDITORES	AVERAGE COST	UNIIS/DAIS	COSI PER	CUS	T PER
ACOMMINITAL HOSDIANI MOMAI	20	OR DAIS OF CARE	0 451 30	c 26 75	1 022 ¢	05EK 201 /2	¢ ETT	37 56
GOMM HOCK INDAMENT HOMAI	29	230 3	0,431.39	1065 05	1.UZZ P	291.43	Ş	1/1 01
COMM HOSP INPATIENT TOTAL	1	3	3,197.84	1005.95	.013	3197.84		14.21
HSC HOSPITALS	0	0	.00	1065.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	3	3,197.84	1065.95	.013	3197.84		14.21
ACCOMMODATIONS	1	3	1,308.00	436.00	.013	1308.00		5.81
ADMINISTRATIVE DAYS	Ü	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	3	1,308.00	436.00	.013	1308.00		5.81
ANCILLARIES	1	0	1,889.84	.00	.000	1889.84		8.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	28	227	5 , 253.55	23.14	1.009	187.63		23.35
MEDICAL	8	25	848.39	33.94	.111	106.05		3.77
SURGERY	3	3	295.90	98.63	.013	98.63		1.32
PATHOLOGY	18	110	1,601.80	14.56	.489	88.99		7.12
RADIOLOGY	7	8	524.54	65.57	.036	74.93		2.33
ROOM USE	8	18	798.75	44.38	.080	99.84		3.55
CROSSOVERS/ALL OTH OUTPINT	10	63	1,184.17	18.80	.280	118.42		5.26
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	'	.00
DEVELOP, DISABLED	0	0	- 0.0	.00 .00 \$.00	.000	. 0.0		. 0.0
@NURSING FACILITY	0	0 s	0.0	\$.00	000 \$.00	Ś	.00
TEV A-INTERMEDIATE	0	0	.00	.00	000	.00	т	.00
TEV B-REHAR MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	000	.00		.00
TEV B SUDACUTE PREESTANDING	0	0	.00	.00	.000 .000 .000	.00		.00
TEV D SUDACUTE HISTEL DASED	0	0	.00	.00	.000	.00		.00
LEV D DECLIAD	0	0	.00	.00	.000	.00		.00
LEV D-REGULAR	0	0	.00		.000	.00	ċ	.00
GINIERMEDIAIE CARE FACILDD	0	0 7	.00	•				.00
ICF DDH	0	0	.00	.00	.000			
ICF DD	0	0	.00	.00	.000	.00		.00
ICE, DDN/DDCN	0	0	.00	.00	.000	.00	^	.00
GHEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00
HOSPITAL BASED	0	0	.00	.00	.000			.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	0	.00	.00	.000	.00	_	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		Ş	.00
HOSPITAL BASED	0	0	.00	.00	.000			.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	5	21 \$	184.17	\$ 8.77	.093 \$.82
PATHOLOGY	5	21	184.17	8.77	.093			.82
XO AND OTHERS	0	0	.00	.00	.000			.00
@ORGANIZED OUTPATIENT CLINIC	50	83 \$.00 11,841.41	\$ 142.67	.369 \$	236.83		52.63
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0 0 0 83	.00	.00	.000	.00 .00		.00
RURAL HEALTH CLINIC	50	83	11,841.41	142.67	.369	236.83		52.63
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE	5,100
MOP024	FEE-FOR-SERVICE/D	ENTAL					0	3/14/05
KINGS COUNTY	SUMMARY OF SERVICE	ES FOR SSI APPEAL/	NLDC IN PA-DISABLE	ED AID CODES 61	N 6P			
					MONT	THLY AVERA	GE	
005 51 53 50	HODDO		ENDEND THUDDO	31100300 0000				

225 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	9	245	\$ 1,226.39	\$	5.01	1.089	\$ 136.27	\$	5.45
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00		.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	4	188	1,121.45		5.97	.836	280.36		4.98
AMBULANCES/AIR TRANS	3	184	1,017.62		5.53	.818	339.21		4.52
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	1	4	103.83		25.96	.018	103.83		.46
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	3	6	58.14		9.69	.027	19.38		.26
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
ORTHOTICS	0	0	.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	2	51	46.80		.92	.227	23.40		.21
@CALIF. CHILDREN SERVICES*	5	97	\$ 2,848.70	\$	29.37	.431	\$ 569.74	\$	12.66
@XOVER EXCLUDING STATE HOSP**	2	5	\$ 106.37	\$	21.27	.022	\$ 53.19	\$.47

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,101 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

KINGS COUNTI	SOUTHWILL OF SELV	AICED LOW CIVATE	CHOLO	AGED IN LA AGED	AID CODI	, TT 1			
						MO	NTHLY AVERA	GE -	
182 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	167	2,044	\$	138,207.16	\$ 67.62	11.231	\$ 827.59	\$	759.38
@PHYSICIANS SERVICES	21	339	\$	614.14	\$ 1.81	1.863	\$ 29.24	\$	3.37
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		35.00	35.00	.005	35.00		.19
EXAMINATIONS	1	1		35.00	35.00	.005	35.00		.19
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	20	338		579.14		1.71	1.857		28.96		3.18
@PHARMACY	104	509	\$	30,092.32		9.12	2.797	Ś	289.35	Ś	165.34
PRESCRIPTION DRUGS	101	497		29,741.29		9.84	2.731		294.47		163.41
SNF/ICF	35	279		16,735.53		9.98	1.533		478.16		91.95
OUTPATIENTS	66	218		13,005.76		9.66	1.198		197.06		71.46
MEDICAL SUPPLIES	6	12		351.03		9.25	.066		58.51		1.93
@DENTIST	Ō	1	\$	25.00		5.00	.005	\$.00	\$.14
VISITS - DIAGNOSTIC	0	1		25.00		5.00	.005		.00		.14
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	NTH-OF-PAYMENT RI	EPORT FO	R JAN	2004 THRU	DEC	2004	P.	AGE 5,102
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES-	- AGED IN PA-AGED	А	ID CO	DE 1E				
							M	IONT	HLY AVERA	GE	
182 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAG	E COS	T UNITS/DAY	S (COST PER		COST PER

						1.10	OINI	מאקוא ע וחווז	ظی.	
182 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	5	\$ 84.91	\$	16.98	.027	\$	42.46	\$.47
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	2	5	84.91		16.98	.027		42.46		.47
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	2	3	\$ 4.60	\$	1.53	.016	\$	2.30	\$.03
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	2	3	4.60		1.53	.016		2.30		.03
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

	_	_							
FAMILY NURSE PRACTITIONER	0		\$.00	\$.00	.000		\$
@TOTAL HOSPITAL	9	17	\$	8,488.56	\$	499.33	.093		
HOSP INPATIENT TOTAL	3	4		8,392.41		2098.10	.022	2797.47	46.11
HSC HOSPITALS	1	4		5,452.41		1363.10	.022	5452.41	29.96
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
	0	0		2,940.00					
INPATIENT CROSSOVERS	2	•		,		.00	.000	1470.00	16.15
ALL OTHER INPATIENT	U	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	13		96.15		7.40	.071	16.03	.53
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	13		96.15		7.40	.071	16.03	.53
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000		
CO HOSPITAL INPATIENT TOTAL	0	0	т	.00	т	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
	0	0				.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00			.000		
ACCOMMODATIONS	U	U		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	O	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
	0	0		.00		.00	.000	.00	.00
ROOM USE	0								
CROSSOVERS/ALL OTH OUTPTNT	0	0	a	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		S MON	TH-OF-PAYMENT RE	SPOR	T FOR JAN 2	2004 THRU D	EC 2004	PAGE 5,103
MOP024	FEE-FOR-SERVICE/D								03/14/05
KINGS COUNTY	SUMMARY OF SERVICE	ES FOR CRAIG CA	SES-	AGED IN PA-AGED		AID CODE			
							MO		
182 ELIGIBLES		NITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER
	(OR DAYS OF CARE				R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	17	\$	8,488.56	\$	499.33	.093	\$ 943.17	\$ 46.64
COMM HOSP INPATIENT TOTAL	3	4		8,392.41		2098.10	.022	2797.47	46.11
HSC HOSPITALS	1	4		5,452.41		1363.10	.022	5452.41	29.96
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
	0	0		.00				.00	.00
ANCILLARIES	0	•				.00	.000		
INPATIENT CROSSOVERS	2	0		2,940.00		.00	.000	1470.00	16.15
ALL OTHER INPATIENT	O	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	13		96.15		7.40	.071	16.03	.53
MEDICAL	0	0		.00		.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	6	13	96.15	7.40	.071	16.03	.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	41	763	\$ 91,938.05	\$ 120.50	4.192	\$ 2242.39	\$ 505.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	41	763	91,938.05	120.50	4.192	2242.39	505.15
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	6	\$ 2,199.52	\$ 366.59	.033	\$ 733.17	\$ 12.09
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	6	2,199.52	366.59	.033	733.17	12.09
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	28	44	\$ 2,744.03	\$ 62.36	.242	\$ 98.00	\$ 15.08
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	37.35	37.35	.005	37.35	.21
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 27 43 2,706.68 62.95 .236 100.25 14.87 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,104 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

KINGS COUNTI	SUMMARI OF SERV	ICES FOR CRAIG CASES	- AGED IN PA-AGED	AID COD.	r ir		
					MON	ITHLY AVERA	GE
182 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	21	357 \$	2,016.03	\$ 5.65	1.962 \$	96.00	\$ 11.08
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	338	1,852.36	5.48	1.857	142.49	10.18
AMBULANCES/AIR TRANS	4	26	506.74	19.49	.143	126.69	2.78
OTHER TRANS	9	300	1,243.11	4.14	1.648	138.12	6.83
OTHER SERVICES	3	12	102.51	8.54	.066	34.17	.56
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	94.44	13.49	.038	31.48	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	1.68	1.68	.005	1.68	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	11	67.55	6.14	.060	9.65	.37
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	43	391 \$	6,985.28	\$ 17.87	2.148 \$	162.45	\$ 38.38
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION ITEM	ONLY;				
THE AMOUNTS AND ALDEADY TH	CTITED TAL MITE AD	DDODDIAMO DOMATI IIND	0 7 0 0 7 7 0				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,105 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

.........

						MON	ITHLY AVERA	GE
18 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	<u>C</u>		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22	402	\$	17,542.50	\$ 43.64	22.333	797.39	\$ 974.58
@PHYSICIANS SERVICES	7	12	\$	324.54	\$ 27.05	.667	46.36	\$ 18.03
OUTPATIENT VISITS	1	1		68.35	68.35	.056	68.35	3.80
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		68.35	68.35	.056	68.35	3.80
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	1		122.08	122.08	.056	122.08	6.78

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	1	1	122.08	122.08	.056	122.08	6.78
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	6	1.0	134.11	13.41		22.35	.00
	11	= *			.556		7.45
@PHARMACY	11		3,605.01		3.444 \$		
PRESCRIPTION DRUGS	==	59	3,488.12	59.12	3.278	317.10	193.78
SNF/ICF	1	5	486.58	97.32	.278	486.58	27.03
OUTPATIENTS	10	54	3,001.54	55.58	3.000	300.15	166.75
MEDICAL SUPPLIES	2	3	116.89	38.96	.167	58.45	6.49
@DENTIST	0	0 \$.00	\$.00	.000 \$		·
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES M					PAGE 5,106
MOP024	FEE-FOR-SERVICE						03/14/05
KINGS COUNTY		VICES FOR CRAIG CASES	- RI.TND TN PA-RI.TN	ND AID CODE	z 2E		03/11/03
KINGS GGGWII	SOIMMIN OF SERV	TODO TON CHILD CHOLD		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		THIV AVERA	GE
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
10 11101110	0.01170	OR DAYS OF CARE	171 11VD 1 1 OI(E)	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF CARE 0 \$.00	\$.00	.000 \$		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0					.00
OTHER OPTOMETRIC SERVICES	Ü	U	.00	.00	.000	.00	.00

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@CHIROPRACTOR

OTHER SERVICES

SURGERY/ANES.

MEDICINE/INJECTIONS

VISITS

@PODIATRIST

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		2.75		1.38	.111		2.75		.15
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	25	\$	7,073.71	\$	282.95	1.389	\$	1768.43	\$	392.98
HOSP INPATIENT TOTAL	2	2		6,846.00		3423.00	.111		3423.00		380.33
HSC HOSPITALS	1	2		3,780.00		1890.00	.111		3780.00		210.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		3,066.00		.00	.000		3066.00		170.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	23		227.71		9.90	1.278		75.90		12.65
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		11.84		11.84	.056		11.84		.66
PATHOLOGY	1	7		73.76		10.54	.389		73.76		4.10
RADIOLOGY	Û	,		.00		.00	.000		.00		.00
ROOM USE	1	1		32.59		32.59	.056		32.59		1.81
CROSSOVERS/ALL OTH OUTPTNT	3	14		109.52		7.82	.778		36.51		6.08
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00							
INPATIENT CROSSOVERS	0	0				.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	U		.00		.00	.000		.00		.00
SURGERY	0	U		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	U		.00		.00	.000		.00		.00
ROOM USE	•	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	TO MO	.00		.00	.000	D	.00	Б.	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT RI	EPOF	RT FOR JAN .	2004 THRU I	DEC	2004	Ρ.	AGE 5,107
MOP024	FEE-FOR-SERVICE					3.70 000	- 0-				03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES-	BLIND IN PA-BLI	ND	AID COD		~ » т гг		C.E.	
10 811018180	HORDO	INITES OF SERVICE			7.7	700 ACC COCE	MO				
18 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		FRAGE COST					COST PER
0.0000000000000000000000000000000000000	4	OR DAYS OF CARE		7 070 71		ER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4		\$	7,073.71		282.95		Ş	1768.43	Ş	
COMM HOSP INPATIENT TOTAL	2	2		6,846.00		3423.00	.111		3423.00		380.33
HSC HOSPITALS	1	2		3,780.00		1890.00	.111		3780.00		210.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

	_	_									
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		3,066.00		.00	.000		3066.00		170.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	23		227.71		9.90	1.278		75.90		12.65
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		11.84		11.84	.056		11.84		.66
PATHOLOGY	1	7		73.76		10.54	.389		73.76		4.10
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		32.59		32.59	.056		32.59		1.81
		14									
CROSSOVERS/ALL OTH OUTPINT	3		<u>^</u>	109.52	<u> </u>	7.82	.778	<u> </u>	36.51	<u> </u>	6.08
@STATE HOSPITAL	U	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	O	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	33	\$	5 , 093.37	\$	154.34	1.833	\$	2546.69	\$	282.97
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	33		5,093.37		154.34	1.833		2546.69		282.97
@INTERMEDIATE CARE FACILDD	2	0	\$.00	Ś	.00	.000	\$.00	ċ	.00
	0		Ą		ې			Ą		Ą	
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	U	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	300.46	\$	300.46	.056	\$	300.46	\$	16.69
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		300.46		300.46	.056		300.46		16.69
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
PATHOLOGY	0	0	Τ	.00	Τ	.00	.000	Τ.	.00	т	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	Ś	24.68	Ś	24.68		\$		\$	1.37
	1	0	۲	.00	۲	.00	.000	۲	.00	۲	.00
CLINIC	0	0									
SURGICENTER	U	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	U	U		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		24.68		24.68	.056		24.68		1.37
#CALIF DEPT OF HEALTH SERV			JRES M	ONTH-OF-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 5,108
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
KINGS COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES	- BLIND IN PA-BLI	ND	AID COD	E 2E				
							M	ONT	HLY AVERA	GE -	
18 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	8	266	\$	1,117.98	\$	4.20	14.778	\$	139.75	\$	62.11
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	·	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	4	255		950.75		3.73	14.167		237.69		52.82
AMBULANCES/AIR TRANS	1	2 2		110.71		55.36			110.71		6.15
	1						.111				
OTHER TRANS	4	253		840.04		3.32	14.056		210.01		46.67
OTHER SERVICES	Ü	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	. (0	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	. (0	.00
OPTICIAN	0	0	.00	.00	.000	. (0	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	. (0	.00
PORTABLE X-RAY	0	0	.00	.00	.000	. (0	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	. (0	.00
PROSTHETICS	0	0	.00	.00	.000	. (0	.00
ORTHOTICS	0	0	.00	.00	.000	. (0	.00
PSYCHOLOGIST	0	0	.00	.00	.000	. (0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	. (0	.00
HOSPICE SERVICES	0	0	.00	.00	.000	. (0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	. (0	.00
LOCAL EDUCATION AGENCIES	1	2	27.98	13.99	.111	27.9	8	1.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	. (0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	. (0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	. (0	.00
ALL OTHER PROVIDERS	3	9	139.25	15.47	.500	46.4	2	7.74
@CALIF. CHILDREN SERVICES*	2	94	\$ 3 , 959.38	\$ 42.12	5.222	\$ 1979.6	9 \$	219.97
@XOVER EXCLUDING STATE HOSP**	10	36	\$ 4,923.44	\$ 136.76	2.000	\$ 492.3	4 \$	273.52

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,109
MOP024 FEE-FOR-SERVICE/DENTAL
KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----756 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9,888 \$ 13.079 \$ 475.28 \$ 386.01 @TOTAL, ALL PROVIDERS 614 291,823.39 \$ 29.51 6**,**725.55 \$ @PHYSICIANS SERVICES 101 259 25.97 .343 \$ 66.59 \$ 8.90 51.22 OUTPATIENT VISITS 46 66 2,356.09 35.70 .087 3.12 26 24.86 .053 38.25 1.32 OFFICE VISITS 40 994.45

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0		.00	.0	0 .000		.00		.00
EMERGENCY ROOM	16	18		1,135.73	63.1			70.98		1.50
PREVENTIVE CARE	1	1		.00	.0	0 .001		.00		.00
OB VISITS/COMPRE PERI	Ō	0		.00	.0	0 .000		.00		.00
OTHER OUTPATIENT	6	7		225.91	32.2	7 .009		37.65		.30
INPATIENT VISITS	3	12		557.84	46.4			185.95		.74
HOSPITAL VISITS	3	12		557.84	46.4			185.95		.74
CRITICAL CARE	0			.00	.0			.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.0			.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		103.59	34.5			34.53		.14
EXAMINATIONS	3	3		103.59	34.5			34.53		.14
SERVICES AND MATERIALS	0	0		.00	.0			.00		.00
INPATIENT HOSPITAL SURGERY	2	3		550.44	183.4			275.22		.73
PRINCIPAL SURGEON	2	3		550.44	183.4			275.22		.73
ASSISTANT SURGEON	0	0		.00	.0			.00		.00
ANESTHESIOLOGIST	0	0		.00	.0			.00		.00
OUTPATIENT SURGERY	3	6		539.23	89.8			179.74		.71
PRINCIPAL SURGEON	3	4		447.04	111.7			149.01		.59
ASSISTANT SURGEON	0	0		.00	.0			.00		.00
ANESTHESIOLOGIST	1	2		92.19	46.1			92.19		.12
DIALYSIS	0	0		.00	.0			.00		.00
PATHOLOGY	10	27		78.04	2.8			7.80		.10
RADIOLOGY	10	19		620.99	32.6			62.10		.82
PSYCHIATRY	0	0		.00	.0			.00		.00
IMMUNIZATION AND INJECTION	4	8		68.85	8.6			17.21		.09
OTHER SERVICES/ALL X-OVERS	46	115		1,850.48	16.0			40.23		2.45
@PHARMACY	350	2,501	Ś	91,573.18	\$ 36.6		\$	261.64	Ś	121.13
PRESCRIPTION DRUGS	334	1,269	۲	87,812.67	69.2		٧	262.91	7	116.15
SNF/ICF	29	205		13,820.71	67.4			476.58		18.28
OUTPATIENTS	305	1,064		73,991.96	69.5			242.60		97.87
MEDICAL SUPPLIES	41	1,232		3,760.51	3.0			91.72		4.97
@DENTIST	21	156	Ś	5,795.10	\$ 37.1		Ċ		\$	7.67
VISITS - DIAGNOSTIC	14	57	Y	863.00	15.1		Ÿ	61.64	Y	1.14
ORAL SURGERY	3	19		1,336.00	70.3			445.33		1.77
DRUGS	0	0		.00	.0			.00		.00
ANESTHESIA	1	1		100.00	100.0			100.00		.13
PERIODONTICS	1	1		118.00	118.0			118.00		.16
ENDODONTICS	0	0		.00	.0			.00		.00
RESTORATIVE DENTISTRY	7	33		1,695.00	51.3			242.14		2.24
PROSTHETICS	0	0		.00	.0			.00		.00
DENTURES, STAYPLATES	Δ	46		1,543.00	33.5			385.75		2.04
SPACE MAINTAINERS	0	0		.00	.0			.00		.00
MAXILLOFACIAL SERVICES	1	1		140.10	140.1			140.10		.19
FRACTURES, DISLOCATIONS	0	0		.00	140.1			.00		.00
ORTHODONTIC SERVICES	0	0		.00	.0			.00		.00
ALL OTHER SERVICES	0	2CR		.00	.0		מי	.00		.00
#CALIF DEPT OF HEALTH SERV	•		DEC MO	ONTH-OF-PAYMENT R					Т	PAGE 5,110
MOP024	FEE-FOR-SERVICE		المار كالمار	ANTII OF EMIMENT K	LIONI FOR U	AN ZUUH INKU	טבור	2004	r	03/14/05
KINGS COUNTY			~ A C E C -	- DISABLED IN PA-	DISABIED AT	D CODE SE				03/14/03
KINGS COUNTI	DOLUMIY OF SERV	TODO FOR CIVALG	-GHOLD-	DISUDIED IN LA-	DISMULTED AT		и⊖мтш	HLY AVERA	CF	
756 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERACE C	OST UNITS/DAY		COST PER	ندب	COST PER
750 601610065	ODEINO	OR DAYS OF CAR		TALBIADITONES		DAY PER ELT		USER		FLICIBLE

USER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG @OPTOMETRIST 18 49 \$ 988.10 \$ 20.17 .065 \$ 54.89 \$ 1.31 988.10 309.11 DIAGNOSTIC AND ANC. PROCED 8 8 38.64 .011 38.64 .41 17.18 EYE APPLIANCES 14 39 .052 47.85 .89 2 9.08 4.54 .003 9.08 .01 OTHER OPTOMETRIC SERVICES 1

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6	15	\$	151.12	\$	10.07	.020	\$	25.19	\$.20
MEDICINE/INJECTIONS	1	1		57.20		57.20	.001		57.20		.08
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.003		34.60		.05
OTHER	4	12		59.32		4.94	.016		14.83		.08
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	10	\$	177.75	\$	17.78	.013			\$.24
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000			\$.00
@TOTAL HOSPITAL	63	230	Ś	28,806.16	Ś	125.24	.304		457.24		38.10
HOSP INPATIENT TOTAL	9	18	т.	23,206.92	4	1289.27	.024	7	2578.55	7	30.70
HSC HOSPITALS	2	8		10,020.00		1050 50	.011		5010.00		13.25
NON-HSC HOSPITAL TOTAL	5	10		11,626.24		1162.62	.013		2325.25		15.38
ACCOMMODATIONS	5	10		4,229.54		422.95	.013		845.91		5.59
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	10		4,229.54		422.95	.013		845.91		5.59
ANCILLARIES	5	0		7,396.70		.00	.000		1479.34		9.78
INPATIENT CROSSOVERS	2	0		1,560.68		.00	.000		780.34		2.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	56	212		5,599.24		26.41	.280		99.99		7.41
MEDICAL	8	11		454.03		41.28	.015		56.75		.60
SURGERY	3	3		218.34		72.78	.004		72.78		.29
PATHOLOGY	25	97		1,109.22		11.44	.128		44.37		1.47
RADIOLOGY	10	15		1,810.23		120.68	.020		181.02		2.39
ROOM USE	21	24		1,076.60		44.86	.032		51.27		1.42
CROSSOVERS/ALL OTH OUTPTNT		62		930.82		15.01	.082		38.78		1.23
@COUNTY HOSPITAL TOTAL	6	28	\$	1,823.87	\$	65.14	.037	\$	303.98	\$	2.41
CO HOSPITAL INPATIENT TOTAL	1	0		684.68		.00	.000		684.68		.91
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		684.68		.00	.000		684.68		.91
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	28		1,139.19		40.69	.037		227.84		1.51
MEDICAL	1	1		46.99		46.99	.001		46.99		.06
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	15		130.45		8.70	.020		32.61		.17
RADIOLOGY	4	6		790.74		131.79	.008		197.69		1.05
ROOM USE	4	4		143.93		35.98	.005		35.98		.19
CROSSOVERS/ALL OTH OUTPTNT	2	2		27.08		13.54	.003		13.54		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES M	IONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	P7	AGE 5,111
MOP024	FEE-FOR-SERVIC										03/14/05
KINGS COUNTY	SUMMARY OF SER	VICES FOR CRAIG C	ASES	- DISABLED IN PA-	DISA	BLED AID CO					
856							M				
756 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
OCOMMUNITARY HOODITARY BOTTS	F 0	OR DAYS OF CARE		26 002 22		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	58	202	\$	26,982.29	Ş	133.58	.267	Ş	465.21	Þ	35.69

COMM HOSP INPATIENT TOTAL	8	18		22,522.24		1251.24	.024		2815.28		29.79
HSC HOSPITALS	2	8		10,020.00		1252.50	.011		5010.00		13.25
NON-HSC HOSPITALS TOTAL	5	10		11,626.24		1162.62	.013		2325.25		15.38
ACCOMMODATIONS	5	10		4,229.54		422.95	.013		845.91		5.59
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	5	10		4,229.54							5.59
ALL OTHER ACCOM						422.95	.013		845.91		
ANCILLARIES	5	0		7,396.70		.00	.000		1479.34		9.78
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		1.16
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	51	184		4,460.05		24.24	.243		87.45		5.90
MEDICAL	7	10		407.04		40.70	.013		58.15		.54
SURGERY	3	3		218.34		72.78	.004		72.78		.29
PATHOLOGY	21	82		978.77		11.94	.108		46.61		1.29
RADIOLOGY	6	9		1,019.49		113.28	.012		169.92		1.35
ROOM USE	17	20		932.67		46.63	.026		54.86		1.23
CROSSOVERS/ALL OTH OUTPTNT	22	60		903.74		15.06	.079		41.08		1.20
	0	0	Ċ		\$			Ċ		<u>_</u>	
@STATE HOSPITAL	-		\$.00	Ş	.00		\$.00	Þ	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	32	566	\$	101,318.18	\$	179.01	.749	\$	3166.19	\$	134.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	2	61		7,634.42		125.15	.081		3817.21		10.10
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	61		33,742.78		553.16	.081		11247.59		44.63
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	28	444		59,940.98		135.00	.587		2140.75		79.29
@INTERMEDIATE CARE FACILDD	3	60	\$		Ċ	163.45		Ċ	3269.00	ċ	12.97
	3		Ą	9,807.00	Ą		.079	Ş		Ą	
ICF DDH	_	60		9,807.00		163.45			3269.00		12.97
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	65	\$	3,051.95	\$	46.95	.086	\$	610.39	\$	4.04
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	65		3 , 051.95		46.95	.086		610.39		4.04
@REHABILITATION FACILITY	2	14	\$	420.69	\$	30.05	.019	\$	210.35	\$.56
HOSPITAL BASED	2	6		248.77		41.46	.008		124.39		.33
INDEPENDENT FACILITY	1	8		171.92		21.49	.011		171.92		.23
@LABORATORY FACILITY	16	37	\$	414.19	\$	11.19	.049	\$	25.89	Ś	.55
PATHOLOGY	16	37	۲	414.19	Υ	11.19	.049	Ψ.	25.89	7	.55
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	-		Ċ		Ċ			Ċ		<u>_</u>	
@ORGANIZED OUTPATIENT CLINIC	150	246	\$	27,914.81	Ş	113.47	.325	\$	186.10	Þ	36.92
CLINIC	1	4		63.55		15.89	.005		63.55		.08
SURGICENTER	2	8		436.62		54.58	.011		218.31		.58
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	148	234		27,414.64		117.16	.310		185.23		36.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	IONTH-OF-PAYMENT R	EPORI	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 5,112
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
KINGS COUNTY			CASES	- DISABLED IN PA-	DISAF	SLED ATD CO	ODE 6E				
111100 0001111	5011111111 01 51111	1020 1011 011110	011020		2 - 011-		M	ONT	HIY AVERA	GE.	
756 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	Z 17E	ERAGE COST					COST PER
750 EDIGIDAES	OSERS	OR DAYS OF CAR		EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
GALL OBIED DDOMEDEDG	100			14 670 61							
@ALL OTHER PROVIDERS	123	5,680	\$	14,679.61	\$	2.58		Ş	119.35	Þ	19.42
DURABLE MED. EQUIP.	11	23		3,368.55		146.46	.030		306.23		4.46
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	6		133.17		22.20	.008		66.59		.18
MEDICAL TRANSPORTATION	19	439		2,988.71		6.81	.581		157.30		3.95

AMBULANCES/AIR TRANS	5	305	1,851.16	6.07	.403	370.23	2.45
OTHER TRANS	10	120	889.89	7.42	.159	88.99	1.18
OTHER SERVICES	4	14	247.66	17.69	.019	61.92	.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	22	268.00	12.18	.029	24.36	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	3.12	1.04	.004	1.56	.00
PROSTHETIST/ORTHOTISTS	1	3	79.34	26.45	.004	79.34	.10
PROSTHETICS	1	3	79.34	26.45	.004	79.34	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3	210.50	70.17	.004	70.17	.28
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	50	284	2,991.74	10.53	.376	59.83	3.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	4,897	4,636.48	.95	6.478	171.72	6.13
@CALIF. CHILDREN SERVICES*	14	227	\$ 8,927.84	\$ 39.33	.300	\$ 637.70	11.81
@XOVER EXCLUDING STATE HOSP**	76	375	\$ 16,102.29	\$ 42.94	.496	\$ 211.87	\$ 21.30

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,113
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
KINGS COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

				MONTHLY AVERAGE				
956 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	803	12,334	\$ 447,573.05	\$ 36.29	12.902	\$ 557.38	\$ 468.17	
@PHYSICIANS SERVICES	129	610	\$ 7,664.23	\$ 12.56	.638	\$ 59.41	\$ 8.02	
OUTPATIENT VISITS	47	67	2,424.44	36.19	.070	51.58	2.54	
OFFICE VISITS	26	40	994.45	24.86	.042	38.25	1.04	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	17	19	1,204.08	63.37	.020	70.83	1.26	
PREVENTIVE CARE	1	1	.00	.00	.001	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	6	7	225.91	32.27	.007	37.65	.24	
INPATIENT VISITS	4	13	679.92	52.30	.014	169.98	.71	
HOSPITAL VISITS	4	13	679.92	52.30	.014	169.98	.71	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	4	4	138.59	34.65	.004	34.65	.14	
EXAMINATIONS	4	4	138.59	34.65	.004	34.65	.14	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	2	3	550.44	183.48	.003	275.22	.58	
PRINCIPAL SURGEON	2	3	550.44	183.48	.003	275.22	.58	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	3	6	539.23	89.87	.006	179.74	.56	
PRINCIPAL SURGEON	3	4	447.04	111.76	.004	149.01	.47	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0	0		.00		.00	.000		.00		.00
1	2		92.19		46.10	.002		92.19		.10
0	0		.00		.00	.000		.00		.00
10	27		78.04		2.89	.028		7.80		.08
10	19		620.99		32.68	.020		62.10		.65
0	0		.00		.00	.000		.00		.00
4	8		68.85		8.61	.008		17.21		.07
72	463		2,563.73		5.54	.484		35.61		2.68
465	3,072	\$	125,270.51	\$		3.213	\$		\$	131.04
446	1,825		121,042.08			1.909				126.61
65	489		31,042.82		63.48	.512		477.58		32.47
381	1,336		89,999.26		67.36	1.397		236.22		94.14
	1,247		-							4.42
	157	\$	•	\$			\$		\$	6.09
14										.93
3	19		•							1.40
0	0									.00
1	1									.10
1	1		118.00		118.00	.001		118.00		.12
0	0		.00		.00	.000				.00
7	33		1,695.00			.035				1.77
0	0					.000				.00
4	46					.048				1.61
0	0									.00
1	1									.15
0	0									.00
0	0									.00
0										.00
		JRES MO	ONTH-OF-PAYMENT RE	EPORT	r for jan	2004 THRU	DEC	2004	P.F	AGE 5,114
										03/14/05
SUMMARY OF SERVICES	FOR CRAIG	CASES-	- TOTAL IN PA-TOTA	AL						
	10 0 4 72 465 446 65 381 49 21 14 3 0 1 1 0 7 0 4 0 0 1 1 0 0 0 1	10 19 0 0 4 8 8 72 463 465 3,072 446 1,825 65 489 381 1,336 49 1,247 21 157 14 58 3 19 0 0 0 11 1 1 1 1 0 0 0 0 7 33 0 0 0 4 4 6 0 0 0 0 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0	10 19 0 0 4 8 72 463 465 3,072 \$ 4466 1,825 65 489 381 1,336 49 1,247 21 157 \$ 14 58 3 19 0 0 0 11 1 1 1 1 0 0 0 0 7 33 0 0 0 0 0 1 1 1 1 1 0 0 0 0 0 0 0 0	1 2 92.19 0 0 0 .00 10 27 78.04 10 19 620.99 0 0 0 .00 4 8 68.85 72 463 2,563.73 465 3,072 \$ 125,270.51 446 1,825 121,042.08 65 489 31,042.82 381 1,336 89,999.26 49 1,247 4,228.43 21 157 \$ 5,820.10 14 58 888.00 3 19 1,336.00 0 0 .00 1 1 1 1 100.00 1 1 1 100.00 1 1 1 100.00 1 1 1 100.00 1 1 1 100.00 1 1 1 100.00 1 1 1 100.00 1 1 1 100.00 1 1 1 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 2 92.19 0 0 0 .00 10 27 78.04 10 19 620.99 0 0 .00 4 8 68.85 72 463 2,563.73 465 3,072 \$ 125,270.51 \$ 446 1,825 121,042.08 65 489 31,042.82 381 1,336 89,999.26 49 1,247 4,228.43 21 157 \$ 5,820.10 \$ 14 58 888.00 3 19 1,336.00 0 0 .00 1 1 1 1 100.00 1 1 1 1 100.00 1 1 1 1 100.00 1 1 1 1 100.00 1 1 1 1 100.00 1 1 1 1 100.00 1 1 1 1 100.00 1 1 1 1 100.00 1 1 1 1 100.00 1 1 1 1 100.00 1 1 1 1 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 2 92.19 46.10 0 0 0 .00 .00 10 27 78.04 2.89 10 19 620.99 32.68 0 0 0 .00 .00 4 8 68.85 8.61 72 463 2,563.73 5.54 465 3,072 \$ 125,270.51 \$ 40.78 446 1,825 121,042.08 66.32 65 489 31,042.82 63.48 381 1,336 89,999.26 67.36 49 1,247 4,228.43 3.39 21 157 \$ 5,820.10 \$ 37.07 14 58 888.00 15.31 3 19 1,336.00 70.32 0 0 0 .00 1 1 1 1 100.00 100.00 1 0 0 0 0 0 0.00 0.0	1 2 92.19 46.10 .002 0 0 0 .00 .00 .000 110 27 78.04 2.89 .028 110 19 620.99 32.68 .020 0 0 0 .00 .00 .00 .000 4 8 8 68.85 8.61 .008 72 463 2,563.73 5.54 484 465 3,072 \$ 125,270.51 \$ 40.78 3.213 446 1,825 121,042.08 66.32 1,909 65 489 31,042.82 63.48 .512 381 1,336 89,999.26 67.36 1,397 49 1,247 4,228.43 3.39 1.304 21 157 \$ 5,820.10 \$ 37.07 .164 14 58 888.00 15.31 .061 3 19 1,336.00 70.32 .020 0 0 0 .00 .00 .00 .000 1 1 1 1 100.00 100.00 .001 1 1 1 100.00 100.00 .001 1 1 1 100.00 118.00 .001 0 0 .00 .00 .000 .000 77 33 1,695.00 51.36 .035 0 0 0 .00 .00 .000 .000 4 4 46 1,543.00 33.54 .048 0 0 0 .00 .00 .000 .000 1 1 1 1 10.10 140.10 .001 0 0 0 .00 .00 .000 0 0 .00 .00 .000 .0	1 2 92.19 46.10 .002 0 0 0 .00 .00 .000 10 27 78.04 2.89 .028 110 19 620.99 32.68 .020 0 0 0 .00 .00 .00 .000 4 8 68.85 8.61 .008 72 463 2,563.73 5.54 .484 465 3,072 \$ 125,270.51 \$ 40.78 3.213 \$ 446 1,825 121,042.08 66.32 1.909 65 489 31,042.82 63.48 .512 381 1,336 89,999.26 67.36 1.397 49 1,247 4,228.43 3.39 1.304 21 157 \$ 5,820.10 \$ 37.07 .164 \$ 14 58 888.00 15.31 .061 3 19 1,336.00 70.32 .020 0 0 0 .00 .00 .000 1 1 1 1 100.00 100.00 .001 1 1 1 1 100.00 100.00 .001 1 1 1 1 18.00 118.00 .001 1 1 1 18.00 118.00 .001 0 0 .00 .00 .000 4 4 46 1,543.00 33.54 .048 0 0 0 .00 .00 .000 4 4 46 1,543.00 33.54 .048 0 0 0 .00 .00 .000 0 .00 .000 .000 0 .000 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 .000 0 .000 .000 .000 0 .000 .000 .000 .000 0 .000 .000 .000 .000 0 .000 .000 .000 .000 0 .000 .000 .000 .000 0 .000 .000 .000 .000 0 .000 .000 .000 .000 0 .000 .000 .000 .000 .000 0 .000 .000 .000 .000 .000 0 .000 .000 .000 .000 .000 0 .000 .000 .000 .000 .000 .000 0 .000 .000 .000 .000 .000 0 .000 .000 .000 .000 .000 .000 0 .000 .000 .000 .000 .000 .000 0 .000 .000 .000 .000 .000 .000 0 .000 .000 .000 .000 .000 .000 .000	1 2 92.19 46.10 .002 92.19 0 .00 .000 .000 .000 100	1 2 92.19 46.10 .002 92.19 0 0 0 .00 .00 .000 .000 .000 10 27 78.04 2.89 .028 7.80 10 19 620.99 32.68 .020 62.10 0 0 0 .00 .00 .00 .000 .000 .000 4 8 68.85 8.61 .008 17.21 72 463 2,563.73 5.54 .484 35.61 465 3,072 \$ 125,270.51 \$ 40.78 3.213 \$ 269.40 \$ 446 1,825 121,042.08 66.32 1.909 271.39 655 489 31,042.82 63.48 .512 477.58 381 1,336 89,999.26 67.36 1.397 236.22 49 1,247 4,228.43 3.39 1.304 86.29 21 157 \$ 5,820.10 \$ 37.07 .164 \$ 277.15 \$ 14 58 888.00 15.31 .061 63.43 3 19 1,336.00 70.32 .020 445.33 0 0 0 .00 .00 .00 .00 .00 1 1 1 1 100.00 100.00 .001 110.00 1 1 1 1 100.00 100.00 .001 118.00 0 0 0 .00 .00 .000 .00 77 33 1,695.00 51.36 .035 242.14 0 0 0 0 .00 .00 .00 .00 .00 0 0 .00 .0

----- MONTHLY AVERAGE -----

956 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	20	54 \$	1,073.01	\$ 19.87	.056 \$	53.65	\$ 1.12
DIAGNOSTIC AND ANC. PROCED	8	8	309.11	38.64	.008	38.64	.32
EYE APPLIANCES	16	44	754.82	17.16	.046	47.18	.79
OTHER OPTOMETRIC SERVICES	1	2	9.08	4.54	.002	9.08	.01
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	20 \$	158.47	\$ 7.92	.021 \$		
MEDICINE/INJECTIONS	1	1	57.20	57.20	.001	57.20	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.002	34.60	.04
OTHER	7	17	66.67	3.92	.018	9.52	.07
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	2	10 \$	177.75	\$ 17.78	.010 \$		\$.19
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	76	272 \$	44,368.43	\$ 163.12	.285 \$		\$ 46.41
HOSP INPATIENT TOTAL	14	24	38,445.33	1601.89	.025	2746.10	40.21
HSC HOSPITALS	4	14	19,252.41	1375.17	.015	4813.10	20.14
NON-HSC HOSPITAL TOTAL	4	10	11,626.24	1162.62	.010	2325.25	12.16
ACCOMMODATIONS	5	10	4,229.54	422.95	.010	845.91	4.42
	0	0		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00			.00
TRANSITIONAL IP CARE	5	10	.00		.000	.00	
ALL OTHER ACCOM	5	0	4,229.54	422.95	.010	845.91	4.42
ANCILLARIES	5	0	7,396.70	.00	.000	1479.34	7.74
INPATIENT CROSSOVERS	0		7,566.68	.00	.000	1513.34	7.91
ALL OTHER INPATIENT	•	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	65	248	5,923.10	23.88	.259	91.12	6.20
MEDICAL	8	11	454.03	41.28	.012	56.75	.47
SURGERY	4	4	230.18	57.55	.004	57.55	.24
PATHOLOGY	26	104	1,182.98	11.37	.109	45.50	1.24
RADIOLOGY	10	15	1,810.23	120.68	.016	181.02	1.89
ROOM USE	22	25	1,109.19	44.37	.026	50.42	1.16
CROSSOVERS/ALL OTH OUTPTNT	33	89	1,136.49	12.77	.093	34.44	1.19
@COUNTY HOSPITAL TOTAL	6	28 \$	1,823.87	\$ 65.14	.029 \$		•
CO HOSPITAL INPATIENT TOTAL	1	0	684.68	.00	.000	684.68	.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	684.68	.00	.000	684.68	.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	28	1,139.19	40.69	.029	227.84	1.19
MEDICAL	1	1	46.99	46.99	.001	46.99	.05
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	15	130.45	8.70	.016	32.61	.14
RADIOLOGY	4	6	790.74	131.79	.006	197.69	.83
ROOM USE	4	4	143.93	35.98	.004	35.98	.15
CROSSOVERS/ALL OTH OUTPTNT	2	2	27.08	13.54	.002	13.54	.03
#CALIF DEPT OF HEALTH SERV ME	DI-CAL SERVIC	ES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 5,115

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY

KINGS COUNTI	SUMMARI OF SERVICES	FOR CRAIG C	ASES-	IOIAL IN FA-IOIA	AL					
056								'HLY AVERA		
956 ELIGIBLES		S OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER		COST PER
		DAYS OF CARE			PER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	244	\$	42,544.56	\$ 174.36	.255	Ş	599.22	Ş	44.50
COMM HOSP INPATIENT TOTAL	13	24		37,760.65	1573.36	.025		2904.67		39.50
HSC HOSPITALS	4	14		19,252.41	1375.17	.015		4813.10		20.14
NON-HSC HOSPITALS TOTAL	5	10		11,626.24	1162.62	.010		2325.25		12.16
ACCOMMODATIONS	5	10		4,229.54	422.95	.010		845.91		4.42
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	5	10		4,229.54	422.95	.010		845.91		4.42
ANCILLARIES	5	0		7,396.70	.00	.000		1479.34		7.74
INPATIENT CROSSOVERS	4	0		6,882.00	.00	.000		1720.50		7.20
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	60	220		4,783.91	21.75	.230		79.73		5.00
MEDICAL	7	10		407.04	40.70	.010		58.15		.43
SURGERY	4	4		230.18	57.55	.004		57.55		.24
PATHOLOGY	22	89		1,052.53	11.83	.093		47.84		1.10
RADIOLOGY	6	9		1,019.49	113.28	.009		169.92		1.07
ROOM USE	18	21		965.26	45.96	.022		53.63		1.01
CROSSOVERS/ALL OTH OUTPINT	31	87		1,109.41	12.75	.091		35.79		1.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	75	1,362	\$	198,349.60	\$ 145.63	1.425	\$	2644.66	\$	207.48
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	2	61		7,634.42	125.15	.064		3817.21		7.99
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	61		33,742.78	553.16	.064		11247.59		35.30
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	71	1,240		156,972.40	126.59	1.297		2210.88		164.20
@INTERMEDIATE CARE FACILDD	3	. 60	\$	9,807.00	\$ 163.45	.063	\$	3269.00	\$	10.26
ICF DDH	3	60		9,807.00	163.45	.063		3269.00		10.26
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	72	\$	5,551.93	\$ 77.11	.075	\$	616.88	\$	5.81
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	9	72		5,551.93	77.11	.075		616.88		5.81
@REHABILITATION FACILITY	2	14	\$	420.69	\$ 30.05	.015	\$	210.35	\$. 44
HOSPITAL BASED	2	6	·	248.77	41.46	.006		124.39		.26
INDEPENDENT FACILITY	1	8		171.92	21.49	.008		171.92		.18
@LABORATORY FACILITY	16	37	\$	414.19	\$ 11.19	.039	\$	25.89	Ś	.43
PATHOLOGY	16	37		414.19	11.19	.039		25.89		. 43
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	179	291	Ś	30,683.52	\$ 105.44	.304	\$		\$	32.10
CLINIC	1	4	7	63.55	15.89	.004	-	63.55	т	.07
SURGICENTER	3	9		473.97	52.66	.009		157.99		.50
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	176	278		30,146.00	108.44	.291		171.28		31.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		ES MO				DEC		D	AGE 5,116
MOP024	FEE-FOR-SERVICE/DENT		1710	MATTER OF TWITTENS IV	LIONI ION OAN	2001 111110	باندر	, 2001		03/14/05
KINGS COUNTY	SUMMARY OF SERVICES		ASFS-	TOTAL IN DA-TOT	ΔΤ.					03/14/03
TIMOD COOMII	POLITARY OF SERVICES	TON CHAIG C	- Cüch	TOTAL IN FA-101	ΔП				~-	

----- MONTHLY AVERAGE -----956 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	152	6,303	\$	17,813.62	\$ 2.83	6.593	\$ 117.19	\$ 18.63
DURABLE MED. EQUIP.	11	23		3,368.55	146.46	.024	306.23	3.52
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	6		133.17	22.20	.006	66.59	.14
MEDICAL TRANSPORTATION	36	1,032		5,791.82	5.61	1.079	160.88	6.06
AMBULANCES/AIR TRANS	10	333		2,468.61	7.41	.348	246.86	2.58
OTHER TRANS	23	673		2,973.04	4.42	.704	129.26	3.11
OTHER SERVICES	7	26		350.17	13.47	.027	50.02	.37
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	14	29		362.44	12.50	.030	25.89	.38
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4		4.80	1.20	.004	1.60	.01
PROSTHETIST/ORTHOTISTS	1	3		79.34	26.45	.003	79.34	.08
PROSTHETICS	1	3		79.34	26.45	.003	79.34	.08
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3		210.50	70.17	.003	70.17	.22
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	51	286		3,019.72	10.56	.299	59.21	3.16
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	37	4,917		4,843.28	.99	5.143	130.90	5.07
@CALIF. CHILDREN SERVICES*	16	321	\$	· · · · · · · · · · · · · · · · · · ·	\$ 40.15	.336	•	•
@XOVER EXCLUDING STATE HOSP**	129	802	\$	28,011.01	\$ 34.93	.839	\$ 217.14	\$ 29.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,117 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 KINGS COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

KINGD COOKII	DOMINICI OF DELIC	VICED FOR TOTAL CER	.111100				
					MON	NTHLY AVERA	GE
350,433 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	207,543	2,857,515 \$	95,272,820.21	\$ 33.34	8.154	\$ 459.05	\$ 271.87
@PHYSICIANS SERVICES	50,573	178,849 \$	6,477,355.03	\$ 36.22	.510	128.08	\$ 18.48
OUTPATIENT VISITS	28,710	48,215	2,063,141.92	42.79	.138	71.86	5.89
OFFICE VISITS	10,647	13,903	414,880.01	29.84	.040	38.97	1.18
HOME VISITS	15	17	786.93	46.29	.000	52.46	.00
EMERGENCY ROOM	13,933	16,736	1,001,267.78	59.83	.048	71.86	2.86
PREVENTIVE CARE	23	24	909.88	37.91	.000	39.56	.00
OB VISITS/COMPRE PERI	4,146	15 , 973	592,149.71	37.07	.046	142.82	1.69
OTHER OUTPATIENT	1,301	1 , 562	53,147.61	34.03	.004	40.85	.15
INPATIENT VISITS	2,697	9,624	575,246.11	59.77	.027	213.29	1.64
HOSPITAL VISITS	2,436	7 , 825	364,426.79	46.57	.022	149.60	1.04
CRITICAL CARE	191	1,399	196,057.26	140.14	.004	1026.48	.56
SNF/ICF/TRANS IP CARE	177	400	14,762.06	36.91	.001	83.40	.04
OPHTHALMOLOGICAL SERVICES	350	442	17,737.08	40.13	.001	50.68	.05
EXAMINATIONS	350	442	17,737.08	40.13	.001	50.68	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	2,451	10,437		1,150,896.68		110.27			469.56		3.28			
PRINCIPAL SURGEON	1,753	2,061		956,924.85		464.30	.006		545.88		2.73			
ASSISTANT SURGEON	309	310		59,493.38		191.91			192.54		.17			
ANESTHESIOLOGIST				134,478.45		16.67	.023		191.29		.38			
OUTPATIENT SURGERY	3,181	8,407		544,826.18		64.81	.024		171.28		1.55			
PRINCIPAL SURGEON	2,698	3,256		455,999.56		140.05	.009		169.01		1.30			
ASSISTANT SURGEON	14	14		2,093.34		149.52	.000		149.52		.01			
ANESTHESIOLOGIST	804	5,137		86,733.28		16.88	.015		107.88		.25			
DIALYSIS	112	564		40,962.80		72.63	.002		365.74		.12			
PATHOLOGY	4,424	8,788		124,396.13		14.16	.025		28.12		.35			
RADIOLOGY	12,182	19,631		634,996.39		32.35	.056		52.13		1.81			
PSYCHIATRY	1	1		31.08		31.08			31.08		.00			
IMMUNIZATION AND INJECTION		15,111		547,211.85		36.21	.043		497.92		1.56			
OTHER SERVICES/ALL X-OVERS	15,394	57 , 629		777,908.81		13.50	.164		50.53		2.22			
@PHARMACY	114,482	1,529,259	\$	26,652,756.79	\$	17.43	4.364	\$	232.81	\$	76.06			
PRESCRIPTION DRUGS	112,441	388,552		25,510,102.47		65.65	1.109		226.88		72.80			
SNF/ICF	3,381			1,812,416.95		70.42	.073		536.06		5.17			
OUTPATIENTS	109,221					65.32	1.035		216.97		67.62			
MEDICAL SUPPLIES	10,311	1,140,707		1,142,654.32		1.00	3.255		110.82		3.26			
@DENTIST	13,919	82,838	\$	2,429,674.14	\$	29.33	.236	\$	174.56	\$	6.93			
VISITS - DIAGNOSTIC	10,764	58,678		716,150.75		12.20	.167		66.53		2.04			
ORAL SURGERY				290,481.66		60.92	.014		141.98		.83			
DRUGS	74	101		1,541.00		15.26	.000		20.82		.00			
ANESTHESIA	268	276		26,700.00		96.74	.001		99.63		.08			
PERIODONTICS	715	789		77,767.60		98.56	.002		108.77		.22			
ENDODONTICS	1,109	1,917		284,423.49		148.37	.005		256.47		.81			
RESTORATIVE DENTISTRY	4,019	12,733				56.67	.036		179.55		2.06			
PROSTHETICS	86 515	93		2,135.00		22.96	.000		24.83		.01			
DENTURES, STAYPLATES	515	1,761		178,077.80		101.12	.005		345.78		.51			
SPACE MAINTAINERS	122	153		17,120.00		111.90	.000		140.33		.05			
SPACE MAINTAINERS MAXILLOFACIAL SERVICES	450	470		49,139.02		104.55	.001		109.20		.14			
FRACTURES, DISLOCATIONS	2	2		1,425.53		712.77	.000		712.77		.00			
ORTHODONTIC SERVICES	617	775		60,030.00		77.46	.002		97.29		.17			
ALL OTHER SERVICES	357	322		3,082.25		9.57	.001		8.63		.01			
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES :	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 5,118			
MOP024	FEE-FOR-SERVICE/DE	CNTAL									03/14/05			
KINGS COUNTY	SUMMARY OF SERVICE	S FOR TOTAL	CERT	IFIED										
			MONTHLY AVERAGE											

							M	DIM.T.	HLY AVERA	GE	
350,433 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5,836	18,028	\$	398,305.37	\$	22.09	.051	\$	68.25	\$	1.14
DIAGNOSTIC AND ANC. PROCED	4,153	4,511		184,801.77		40.97	.013		44.50		.53
EYE APPLIANCES	4,668	13,253		206,473.99		15.58	.038		44.23		.59
OTHER OPTOMETRIC SERVICES	203	264		7,029.61		26.63	.001		34.63		.02
@CHIROPRACTOR	69	130	\$	2,135.98	\$	16.43	.000	\$	30.96	\$.01
VISITS	65	124		2,052.38		16.55	.000		31.58		.01
OTHER SERVICES	4	6		83.60		13.93	.000		20.90		.00
@PODIATRIST	358	625	\$	6,404.65	\$	10.25	.002	\$	17.89	\$.02
MEDICINE/INJECTIONS	46	58		1,614.40		27.83	.000		35.10		.00
SURGERY/ANES.	3	4		696.03		174.01	.000		232.01		.00
RADIO./PATHOLOGY	10	17		297.54		17.50	.000		29.75		.00
OTHER	310	546		3,796.68		6.95	.002		12.25		.01
@HOME HEALTH AGENCY	572	4,128	\$	205,679.47	\$	49.83	.012	\$	359.58	\$.59
NURSE ANESTHESIST	241	1,454	\$	28,786.04	\$	19.80	.004	\$	119.44	\$.08
NURSE MIDWIFE	1	1	\$	8.08	\$	8.08	.000	\$	8.08	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	14	22	\$ 645.28	\$ 29.33	.000	\$ 46.09	\$.00
@TOTAL HOSPITAL	32 , 363	147,652	\$ 21,978,816.14	\$ 148.86	.421	\$ 679.13	\$ 62.72
HOSP INPATIENT TOTAL	3 , 557	12,984	18,531,418.79	1427.25	.037	5209.85	52.88
HSC HOSPITALS	662	4,027	6,627,752.82	1645.83	.011	10011.71	18.91
NON-HSC HOSPITAL TOTAL	2,392	8 , 957	11,411,470.95	1274.03	.026	4770.68	32.56
ACCOMMODATIONS	2,384	8 , 957	4,025,990.09	449.48	.026	1688.75	11.49
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,383	8 , 956	4,025,758.79	449.50	.026	1689.37	11.49
ANCILLARIES	2,390	0	7,385,480.86	.00	.000	3090.16	21.08
INPATIENT CROSSOVERS	534	0	492,195.02	.00	.000	921.71	1.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	30,047	134,668	3,447,397.35	25.60	.384	114.73	9.84
MEDICAL	8,111	14,059	495,298.49	35.23	.040	61.07	1.41
SURGERY	2,629	2,958	126,823.22	42.87	.008	48.24	.36
PATHOLOGY	12,561	54,102	673 , 268.03	12.44	.154	53.60	1.92
RADIOLOGY	8 , 097	11,076	786,602.84	71.02	.032	97.15	2.24
ROOM USE	16,701	22,096	899,055.97	40.69	.063	53.83	2.57
CROSSOVERS/ALL OTH OUTPTNT	11,301	30,377	466,348.80	15.35	.087	41.27	1.33
@COUNTY HOSPITAL TOTAL	176	611	\$ 98,024.04	\$ 160.43	.002	\$ 556.95	\$.28
CO HOSPITAL INPATIENT TOTAL	19	60	78 , 639.73	1310.66	.000	4138.93	.22
HSC HOSPITALS	18	60	77,955.05	1299.25	.000	4330.84	.22
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	684.68	.00	.000	684.68	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	165	551	19,384.31	35.18	.002	117.48	.06
MEDICAL	57	87	3,777.06	43.41	.000	66.26	.01

SURGERY	13	16	1,031.56	64.47	.000	79.35		.00	
PATHOLOGY	51	169	2,141.00	12.67	.000	41.98		.01	
RADIOLOGY	22	32	3,177.26	99.29	.000	144.42		.01	
ROOM USE	96	126	5,423.63	43.04	.000	56.50		.02	
CROSSOVERS/ALL OTH OUTPTNT	59	121	3,833.80	31.68	.000	64.98		.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE	5,119	
MOP024	FEE-FOR-SERVICE/DENTA	EE-FOR-SERVICE/DENTAL							
KINGS COUNTY	SUMMARY OF SERVICES F	OR TOTAL CER'	PIFIED						

KINGS COUNTY	SUMMARY OF SER	VICES FOR TOTAL	CERTI	FIED				
						MOI	NTHLY AVERA	GE
350,433 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32,216	147,041	\$	21,880,792.10	\$ 148.81	.420	\$ 679.19	\$ 62.44
COMM HOSP INPATIENT TOTAL	3,538	12,924	·	18,452,779.06	1427.79	.037	5215.60	52.66
HSC HOSPITALS	644	3,967		6,549,797.77	1651.07	.011	10170.49	18.69
NON-HSC HOSPITALS TOTAL	2,392	8,957		11,411,470.95	1274.03	.026	4770.68	32.56
ACCOMMODATIONS	2,384	8,957		4,025,990.09	1274.03 449.48	.026	1688.75	11.49
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,383	8,956		4,025,758.79	449.50	.026	1689.37	11.49
ANCILLARIES	2,390	0		7,385,480.86	.00	.000	3090.16	21.08
INPATIENT CROSSOVERS	533	0		491,510.34	.00	.000	922.16	1.40
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	29,907	134,117		3,428,013.04	25.56	.383	114.62	9.78
MEDICAL	8,060	13,972		491,521.43	35.18	.040	60.98	1.40
SURGERY	2,617	2,942		125,791.66	42.76	.008	48.07	.36
PATHOLOGY	12,514	53,933		671,127.03	12.44	.154	53.63	1.92
RADIOLOGY	8,076	11,044		783,425.58	70.94	.032	97.01	2.24
ROOM USE	16,616	21,970		893,632.34	40.68	.063	53.78	2.24
	•	30,256		462,515.00	15.29	.086	41.12	1.32
CROSSOVERS/ALL OTH OUTPTNT		•	ć	•				
@STATE HOSPITAL	22	640	\$	•	\$ 477.84		\$ 13900.88	
MENTALLY ILL		0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	22	640	<u>^</u>	305,819.30	477.84	.002	13900.88	.87
@NURSING FACILITY	3,250	89,414	\$.,,	\$ 121.93		\$ 3354.51	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	47	1,599		182,153.98	113.92	.005	3875.62	.52
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	68	2,225		1,278,400.16	574.56	.006	18800.00	3.65
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3,154	85 , 590		9,441,589.98	110.31	.244	2993.53	26.94
@INTERMEDIATE CARE FACILDD	301	9,115	\$		\$ 160.47		\$ 4859.55	
ICF DDH	254	7 , 579		1,158,796.30	152.90	.022	4562.19	3.31
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	47	1 , 536		303 , 927.82	197.87	.004	6466.55	.87
@HEMODIALYSIS TOTAL	694	10,746	\$		\$ 68.76		\$ 1064.73	
HOSPITAL BASED	3	5		13,070.10	2614.02	.000	4356.70	.04
HEMODIALYSIS CENTER	691	10,741		725,849.44	67.58	.031	1050.43	2.07
@REHABILITATION FACILITY	174	566	\$		\$ 38.42		\$ 124.99	\$.06
HOSPITAL BASED	172	532		21,319.77	40.07	.002	123.95	.06
INDEPENDENT FACILITY	3	34		427.67	12.58	.000	142.56	.00
@LABORATORY FACILITY	12,068	33 , 599	\$		\$ 17.34	.096	\$ 48.26	\$ 1.66
PATHOLOGY	12,000	33,450		580,168.36	17.34	.095	48.35	1.66
XO AND OTHERS	75	149		2,291.29	15.38	.000	30.55	.01
@ORGANIZED OUTPATIENT CLINIC	85 , 060	153,256	\$	20,478,325.15	\$ 133.62	.437	\$ 240.75	\$ 58.44
CLINIC	1,858	5,349		101,298.00	18.94	.015	54.52	.29
SURGICENTER	841	3,605		157,525.21	43.70	.010	187.31	.45
HEROIN DETOX CLINIC	11	195		2,032.06	10.42	.001	184.73	.01
				•				

RURAL HEALTH CLINIC 82,935 144,107 20,217,469.88 140.29 .411 243.77 57.69 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,120 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

KINGS COUNTY	SUMMARY OF SERV	ICES FOR TOTAL	CERT	TETED				
							NTHLY AVERA	-
350,433 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR	Œ		PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	25 , 922	597 , 193	\$	2,600,113.92	\$ 4.35	1.704	\$ 100.31	\$ 7.42
DURABLE MED. EQUIP.	1,048	2 , 636		426 , 526.96	161.81	.008	406.99	1.22
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	441	735		72,525.99	98.67	.002	164.46	.21
MEDICAL TRANSPORTATION	3,940	166,880		846,141.70	5.07	.476	214.76	2.41
AMBULANCES/AIR TRANS	2 , 772	54 , 709		505,905.51	9.25	.156	182.51	1.44
OTHER TRANS	824	109,355		275,129.54	2.52	.312	333.90	.79
OTHER SERVICES	579	2,816		65,106.65	23.12	.008	112.45	.19
ACUPUNCTURE	6	12		248.69	20.72	.000	41.45	.00
ADULT DAY HEALTH CARE CTR	40	539		37,573.22	69.71	.002	939.33	.11
GENETIC DISEASE TESTING	781	782		82,062.00	104.94	.002	105.07	.23
IHMC, MODEL-NF, NF, AIDS, MSSP	307	1,379		96,280.28	69.82	.004	313.62	.27
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4,269	9,126		95,512.70	10.47	.026	22.37	.27
PHYSICAL THERAPIST	51	545		7,729.73	14.18	.002	151.56	.02
PORTABLE X-RAY	57	118		852.02	7.22	.000	14.95	.00
PROSTHETIST/ORTHOTISTS	237	489		55,614.49	113.73	.001	234.66	.16
PROSTHETICS	231	480		55 , 246.77	115.10	.001	239.16	.16
ORTHOTICS	6	9		367.72	40.86	.000	61.29	.00
PSYCHOLOGIST	36	112		7,547.88	67.39	.000	209.66	.02
SPEECH AND AUDIOLOGY	369	818		61,989.56	75.78	.002	167.99	.18
HOSPICE SERVICES	33	690		82,495.92	119.56	.002	2499.88	.24
NONINST BIRTHING CENTERS	1	21		236.43	11.26	.000	236.43	.00
LOCAL EDUCATION AGENCIES	11,164	39 , 245		405,484.45	10.33	.112	36.32	1.16
EPSDT SUPPLEMENTAL SERVICE	8	4,229		109,032.50	25.78	.012	13629.06	.31
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,327	368,837		212,259.40	.58	1.053	49.05	.61
@CALIF. CHILDREN SERVICES*	1,855	56,830	\$	4,945,627.97	\$ 87.02	.162	\$ 2666.11	\$ 14.11
@XOVER EXCLUDING STATE HOSP**	12,098	110,205	\$	2,069,948.97	\$ 18.78	.314	\$ 171.10	\$ 5.91

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

KINGS COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.